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(Re	(Requestor's Name)			
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

Division of Corporations		
SUBJECT: Associated Appraisal Gro		
(Name of Limited	Liability Company)	
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	s matter to:	
GAIL WAXMAN		
(Contact Person)	<u> </u>	
Associated Appraisal Group LLC	07 MAR 12 PM 2: 00	
(Firm/Company)		
115 W. PLANT STREET	P	
(Address)	2: (	
WINTER GARDEN, FLORIDA 3478	<del>-</del>	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, p	please call:	
GAIL WAXMAN at	(_407) 877-8620	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
	••	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	- 147	
2001 DACCULIVE COLICE CHOIC	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it ap	•	Florida Department
2. This limited liab	ility company was organized und orida	er the laws of:	OT MAR 12
3. The Florida docu L0700000	nment/registration number of this	limited liability company	PH 2: 00
4. I, Kent W Ma	akin ame of Person Resigning)	, hereby resign as a MGF	RM (Print Title)
•	pility company and affirm the lim	nited liability company has	,
Signature of Resi	M. Maker gning Member, Managing Memb	per or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		