## L07000005342

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: EXCESS REAL ESTATE. (Name of Lir	SOLUTIONS LAC	
(Name of Lir	nited Liability Company)	
,		
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
	l <sub>a</sub>	
POWALD PE	E	
RONALD RE	(Name of Person)	
	(Common of Conson)	
Evaces Deal	· Comos Courselle	
	ESTATE SOLUTIONS, K	
	(Fillib Collipany)	
601 N. LONGO	RESS AVE SUITE 440 (Address)	
	(Address)	
	1	
DELRAY BEAC	H, FL 33445	
al (	City/State and Zip Code)	
• • •		
•	·	
For further information concerning this matter, please	can;	
5 5		•
, RONALD REEG (Name of Person)	at (561) 537-060	3
(Name of Person)	(Area Code & Daytin	e Telephone Number)
		•
Enclosed is a check for the following amount:		
✓ \$25.00 Filing Fee   \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status &
South States	(additional copy is enclosed)	Certified Copy
	•	(additional copy is enclosed)
		1
MAILING ADDRESS:	STREET/COURI	BR ADDRESS:
<sup>17</sup> Registration Section	Registration Section	
Division of Corporations	Division of Corpor	ations
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Ce	
	Tallahassee, FL 32	3VI



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a		ls of the Florida Department
	ility company was organize		•
,	ument/registration number o	·	
4. I, STVARI	ame of Person Resigning)	, hereby resign as a	MEMBER (Print Title)
of this limited lia resignation in wr	bility company and affirm t	he limited liability compa	any has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ORFEB-

SECRE LARY OF STATE
INVISION OF CORPORATIONS

CR2E079 (5/06)