

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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EXAMINER



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03/31/11--01009--027 **25.00

THAR 31 PH 12: 39
SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: ROYAL LAKE 4 (Name of Limited	REALTY LLC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
DAGUBERTO de LA C (Contact Person)	<u>Dsa</u>
ROYAL LAKES REALT (Firm/Company)	y LLC
8465 NW 182 ST (Address)	*·····································
MIAMIFL 330 (City/State and Zip Code)	15.
For further information concerning this matter,	please call:
at	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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 appears on the records ROYAL LAKES REALTY L	-
	ility company was organized under the laws of: TATE OF FLORIDA.	
3. The Florida docu	ment/registration number of this limited liability con	npany is:
L0700	00028955	
4. I, DAGUTS (Print No.	$e \in n + 0 \iff b = 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0$	MANAGER, MANAGING MEMBEI (Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability comparting.	ny has been notified of my
	ω to cle lu Ba gning Member, Managing Member or Manager	11 MAR 3 SECRETAF
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ARY OF STA