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SECRETARY OF STATE

## **COVER LETTER**

SUBJECT: REAL ESTATE DIRECTIVE, CLC  (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  SHEUE WARD  (Contact Person)  (Firm/Company)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  SHOUL WARD  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee Ception  STREET/COURIER ADDRESS:  Registration Section  MAILING ADDRESS:  Registration Section	Division of Corporations
For further information concerning this matter, please call:    Steve   State   Directive   Contact Person	50802011
Steve Ward  Contact Person)  Contact Person)  Contact Person)  Contact Person)  Contact Person)  Contact Person  Contact Person  Contact Person  Address  Contact Person  Address  Contact Person  Contact Per	
(Contact Person)    Contact Person   Con	Please return all correspondence concerning this matter to:
Company   Comp	
Coly/State and Zip Code)   Coly/State and Zip Code	REAL ESTATE Directive, LIC
(City/State and Zip Code)  For further information concerning this matter, please call:  Steve Navy at 813 401 0107  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  MAILING ADDRESS:	16048 RAMBLING RD.
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\$25 Filing Fee \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  MAILING ADDRESS:	Steve Ward =1,813,4010107
	\$25 Filing Fee \$55 Filing Fee &
Registration Section Registration Section	
	Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327	·
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as it a EALESTATE	ppears on the records o	f the Florida Departme	nt .·
	ility company was organized un	der the laws of:		
3. The Florida docu	ment/registration number of thi	s limited liability compa	any is:	
4. I, <u>JAN</u> (Print N	E MA C ame of Person Resigning)	_, hereby resign as a	ANAGING M (Print Title)	en bev
of this limited had resignation in wri	oility company and affirm the lir ting.	nited liability company	has been notified of m	у
Signature of Resignature	gning Member, Managing Mem	ber or Manager	07 OC SECRE	·
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TARY UF STATASSEE, FLORI	

CR2E079 (5/06)