## #107000073323

(Req	uestor's Name)					
(Address)						
(Address)						
(City	/State/Zip/Phone	÷#)				
PICK-UP	MAIT	MAIL				
(Bus	iness Entity Nar	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				
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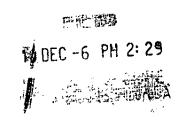
EXAMINER
DEC 7 2010

## **COVER LETTER**

то:	_	stration Section sion of Corporations		·
SUBJ	ECT:	Navigator REO Fund LL		
		(Name of Limite	ed Liability Co	mpany)
The enfiling.		l member, managing member or n	nanager resi	gnation and fee(s) are submitted for
Please	e return	all correspondence concerning th	nis matter to	:
Rob	ert O	rsolits		
	•	(Contact Person)		<del>-</del>
RKO	LLC	;		
		. (Firm/Company)		<del>.</del>
195	N Lal	kewood Cir		
		(Address)		•
Mait	land,	FI 32751		
		(City/State and Zip Code)		_
For fu	rther in	nformation concerning this matter	, please call	
Robe	ert O	rsolits	at (407	947-1555
	(Na	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclos	sed plea	ase find a check made payable to	the Florida I	Department of State for:
		\$25 Filing Fee		\$55 Filing Fee &
				Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section		Registration Section
		Corporations	•	Division of Corporations
	n Build	•		P.O. Box 6327
		ve Center Circle Florida 32301		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 vigator REO Fund LLO	• •	of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu <u>L07000073</u>	iment/registration number of	this limited liability con	npany is:
4. I. Robert Ors	solits ame of Person Resigning)	, hereby resign as a	Managing Member
•	pility company and affirm the	e limited liability compai	·
Signature of Resi	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		