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





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13 OCT 21 PH 4: 34
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

OCT 2 4 2013

T. BROWK

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations
SUBJECT: East Coast Appraises CCC (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:
Daniel Cortania (Contact Person)
- East Wast Approvers LCC (Firm/Company)
204 Paleino avenue
Coral Gables FC 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 441.0181 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\int_{\infty}\$\$ \\$25 Filing Fee \tag{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





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 lim of State is:	enited liability company as	it appears on the records of	the Florida Department
2. This limited liabilit	y company was organized Fuule		
_60700C	0081622		
of this limited liabili	ity company and affirm the	hereby resign as a	
resignation in writin	ing Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required)		