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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies : Certificates of Status . : ! |
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| Special Instructions to Filing Officer: |
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Office Use Only



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9 NOV -2 PM 1: 03
SECRETARY OF STATE

J. BRYAN

-N1)V - 3 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: RMR Egyities (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: |
| Please return all correspondence concerning this matter to: Richard M. Renedo (Contact Person) RMR Equiples (Firm/Compare) |
| RMR Equities 3 |
| 210 S. Pinellas Ave Soite 130 |
| (Address) Tarpon Springs FL 34689 (City/State and Zip Code) For firstly or information concerning this motter, places cells |
| For further information concerning this matter, please call: |
| Richard Renado at (813) 263-2552 (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 \$ Certified Copy |
| STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | mited liability company as it appears on the records of the Flo | orida Depa | rtmen | it |
|--------------------------------|--|---------------------------|--------------|----|
| 2. This limited liabili | ty company was organized under the laws of: | SECRETARY OF TALLAHASSEE. | 09 NOV -2 PH | |
| 407000 | nent/registration number of this limited liability company is: | STATE FLORIDA | 1:03 | |
| | Trene J. Renede hereby resign as a MG (Pr | | | |
| resignation in writing | ity company and affirm the limited liability company has been a second s | n notified | of my | , |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | |