0700011010/ زغ

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COVER LETTER

Division of Corporations	
SUBJECT: REAL INVESTINGS, LL	C ed Liability Company)
(Name of Limit	ca Elability Company)
The enclosed member, managing member or r filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Dionissios Aninos	
(Contact Person)	
	SECRETARY OF STATE ALLAHASSEE, FLORID
(Firm/Company)	TARY ASSE
20505 E Country Club Drive #239	THE TO
(Address)	Y OF STA
Aventura, FL 33180	SPA SPA
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Dionissios Aninos	at (_305)_433~4646
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{2}\$\$ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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 compa		ars on the reco	ords of the	Florida	Depa	rtment ——·
2. This limited liab	ility company was orga	nized under	the laws of:	, -	SECRETAF TABLAHAS	7000 SEP 1	77
L07000110	ument/registration numl 0101 OME LENDER, L	 •	nited liability		STATE	12 P 1:56	
, 	ame of Person Resigning)	1·	cicoy icsign a	.s a	(Print T	itle)	
resignation in wr	onissios Aninos	100	Nicholas		been no	otified	of my
Signature of Resi	gning Member, Manag	ing Member	or Manager				
Filing Fee:	\$25.00 (Required)						
Certified Copy:	\$30.00 (Optional)						

CR2E079 (5/06)