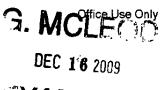
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						







800163388348

12/15/09--01034--001 **25.00

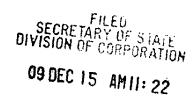
and the analysis of the following of

COVER LETTER

TO: Registration S Division of C			
_{SUBJECT:} Realt	y Group Nalpes	LLC	
		imited Liability Co	nipany)
The enclosed member filing.	er, managing member	or manager resig	gnation and fee(s) are submitted fo
Please return all corr	espondence concerning	ng this matter to:	- · · · · · · · · · · · · · · · · · · ·
John Presanza	no		_
	(Contact Person)		_
Realty Group N			_
entrone many spirit	(Firm/Company)		
	Ot.		TOWNS CONTRACTOR
5824 Cinzano ((Address)		
Naples, Fl. 341	19		
	City/State and Zip Code)		
For further informati	on concerning this ma	atter, please call	
John Presanza	no	at (239	872-7275 a & Daytime Telephone Number)
(Name of C	Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find	a check made payabl	e to the Florida	Department of State for:
	5 Filing Fee		\$55 Filing Fee &
			Certified Copy
STREET/COURIE	R ADDRESS:		MAILING ADDRESS:
Registration Section		٠	Registration Section
Division of Corporat	ions		Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Cent Tallahassee, Florida			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 alty Group Naples LL		of the Florida Departmen
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc L0700011	ument/registration number of 5857	this limited liability con	npany is:
4. I. Jeffrey Bla	ajian	, hereby resign as a	Manager
	Name of Person Resigning)		(Print Title)
of this limited lia resignation in w	ibility company and affirm the riting.	e limited liability compar	ny has been notified of my
Signature of Res	igning Member, Managing M	9≮ · Iember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		