L07000122861

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700239609857

10/01/12--01017--013 **55.00

F IL EL 13:57

B. BOSTICKOCT - 3 2012

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: E+V Clearwater Realty, LLC (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:			
Kelly Kepler (Gontact Person)			
E+V Clearwater Realty, LLC (Firm/Company)			
(Firm/Company) 432 Cleveland St., Suite B (Address)			
Clearwater, FL 33755 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Kelly Kepler at 727 461-1000 (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 \times 55 Filing Fee \times Certified Copy			

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section Division of Corporations

Clifton Building

STREET/COURIER ADDRESS:

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

		it appears on the records of the Florida Department arwater Realty, LLC.
	ility company was organized	under the laws of:
1104	DA	•
3. The Florida docu	ment/registration number of	this limited liability company is:
L07000		
4. I, Michae (Print N	WINIAREK ame of Person Resigning)	, hereby resign as a MANAGNO MEMBER. (Print Title)
	bility company and affirm the	e limited liability company has been notified of my
///		ember or Manager
Signature of Resi	gning Member, Managing M	ember or Manager
,	,	
Filing Fee:	\$25.00 (Required)	PH 4: DO
Certified Copy:	\$30.00 (Optional)	E S