L07000/24582

(Re	equestor's Name)	
	•	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone#	/)
,	•	•
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Name)
	ocument Number)	
(DC	cument (vumber)	•
Certified Copies	Certificates o	of Status <u>- </u>
Special Instructions to	Filing Officer:	

Office Use Only



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10 APR 12 AM 7: 27
SECRETARY OF STATE
ANASSEE FLORIDA

J. BRYAN

APR 1 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
BCBGECT:	WNTOWN REAL ESTATE LLC
(Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
CLARK JORDAN-HOLMES	
(Contact Person)	
JOYNER JORDAN-HOLMES	
(Firm/Company)	PR PR
315 S PLANT AVE	O APR 12 AM 7:27 SECRETARY OF STATE ALL AHASSEE, FLORIE
(Address)	
TAMPA, FL 33606	TATE ORID
(City/State and Zip Code)	क
For further information concerning this matter, pleas	e call:
CLARK JORDAN-HOLMES at (8	229-9300 a Code & Daytime Telephone Number)
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida 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

Tallahassee, Florida 32314

CR2E079 (5/06)

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 ST PETERSBURG				nt
2. This limited liabil FLORIDA	ity company was organized	i under the laws of:			
3. The Florida docur L07000124	nent/registration number o	f this limited liability con	mpany is:		
4. I, MADELEIN	E KRASNE me of Person Resigning)	, hereby resign as a	MANAGING (Print Title)	MEM	BER
	lity company and affirm th	ne limited liability compa	,	ed of my	у
Mad	eleve H.	Knine			
Signature of Resig	ning Member, Managing N	Member or Manager	A C	10 A	p dialo di prom
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		HASSEE.	PR I 2 I	
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