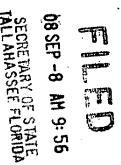
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CR2E079 (5/06)

TO: Registration Section Division of Corporations
SUBJECT: REAL IMPACT, 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:
LIVIU CRISAN (Contact Person)
REAL IMPACT, LLC (Firm/Company)
4809 Pembroke Rd. (Address)
HOLLY WOOD, FL 33021 (City/State and Zip Code)
For further information concerning this matter, please call:
LIVIU CRISAN at (954) 319-5267 (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: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

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<u> </u>	ing Member, Managing Memb	per or Manager		
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