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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Calculated Appraisals, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
Melinda A. Davis (Contact Person)
Calculated Appraisals, LLC
13850 Oneida DVIVL #CZ
Delvay Beach, F1 33446 (City/State and Zip Code)
For further information concerning this matter, please call:
Melinda A. Davis at 954 249-0184 (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: MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 for

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DIVISION OF CORPORA

08 SEP -2 PG

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

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	alculated Appraisals, U.C.
	·
	ility company was organized under the laws of:
State o	of Florida
3. The Florida docu	iment/registration number of this limited liability company is:
L08000	019059
4. I, Melinda	A. Davis, hereby resign as a Manager (Print File)
	ame of Person Resigning) (Print Fille)
of this limited lia	bility company and affirm the limited liability company has been notified of my
resignation in wr	
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Signature of Page	inning Momber Managing Momber or Manager
Signature of Res.	igning Member, Managing Member or Manager
Elling Face	\$25.00 (Required)
Filing Fee: Certified Copy:	\$30.00 (Required) \$30.00 (Optional)
Certified Copy.	