L08000039278

(Requestor's Name)
(Address)
(Address)
(City (Chata) 7 in (Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

tes of Status _____

A. LUNT

JUN 12 2008

EXAMINER

Office Use Only



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SECRETARY OF STAT

COVER LETTER

Division of Corporations	
SUBJECT: SNAP Realtu (Name of Limited D	ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
Shawin B. Poole (Contact Person)	
SNAP Rectty LLC (Firm/Company)	
8237 Hayword Lane (Address)	(C)
Port Richey FL 346 (City/State and Zip Code)	<u>68</u>
For further information concerning this matter, pl	ease call:
Shawn B Peole at ((Name of Contact Person) (A	S13 947-3837 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the	limited liability company as i	t appears on the records	of the F	lorida Department
of State is:	SNAP Realty 1	ilc		
	lity company was organized		TA'S	
		·············	ECRET	
3. The Florida docu	ment/registration number of t	this limited liability com	papy-is:	_
<u></u>	<u>300∞39278 </u>	·		
4.1, <u>Barba</u>	m G. Leslie	, hereby resign as a	STAT FLORII	
(Print No	ame of Person Resigning)		$\mathcal{Z}^{\prime\prime}$	Prist Title)
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability compan	y has be	en notified of my
_ 82	eare!			
Signature of Resignature	gning Member, Managing Me	ember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			