L0900001259

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
A. LUNT					
ΔPR 1.4.2000					

EXAMINER

Office Use Only



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04/10/09--01012--025 **55.00

COVER LETTER

Division of Corporations

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

REAL COUNTRY MANAGEMENT
(Firm/Company) 3708 NW 3rd TERRACE (Address) CAPE CORAL, FL 33993
(City/State and Zip Code)

For further information concerning this matter, please call:

MELODY POZNANSKI at (239) 872-4119
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee &

\$25 Filing Fee

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Certified Copy

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

CR2E079 (5/06)

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it			da Dep	artmen 	t
·	lity company was organized u	under the laws of:		SECRETAR)	2009 APR 10	
	ment/registration number of the property of th	his limited liability comp	any is:	OF STATE EE. FLORIDA	PM 2: 03	r T
4. I, VICKI (Print No.	RANDOLP H me of Person Resigning)	, hereby resign as a	MGK (Print	t Title)		
of this limited liab resignation in writ	ility company and affirm the ing.	limited liability company	has been	notified	i of my	r
Signature of Resignature	Ening Member Managing Me	mber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					