

L09000015104

(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:

Office Use Only



800211766588

09/06/11--01011--018 **55.00

FILED
11 SEP -6 AM 11 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 07 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REALCET GROUP, 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:

JOSEPH ANSAROFF

(Contact Person)

(Firm/Company)

11301 SW 3RD STREET

(Address)

PLANTATION, FL. 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH ANSAROFF

(Name of Contact Person)

at (954) 444-9966

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$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

FILED
11 SEP -6 AM 10 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 it appears on the records of the Florida Department of State is: REALCET GROUP, LLC.

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L09000015104

4. I, ANSAROFF, JOSEPH, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
11 SEP -6 AM 11 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA