## 109000044175

(Re	equestor's Name)			
(Ad	idress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
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(Bu	isiness Entity Nar	ne)		
(Do	cument Number)	<del></del>		
Certified Copies	ied Copies Certificates of Status			
Special Instructions to	Filing Officer:			





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CALLAHASSET, LISHED

T. CLINE
FEB 1/1 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Buying Florida Realty (Name of Limited)	and Investments LLC iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Jacuie Briley (Contact Person)	·
(Firm/Company)	
7512 Dr. Phillips Blud Suite	in the second se
Orlando, Flonda, 32819 (City/State and Zip Code)	PRIE 07
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (	407 325 2111 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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it: "ING FLORIDA REALTY			partment
2. This limited liabili FLORIOA	ty company was organized ur	nder the laws of:		
L090000 L		_,		2010 FEB 16 P
4. I, JACKIE (Print Nan	oe of Person Resigning)	, hereby resign as a _	(Print Title)	<u>고</u> 장
of this limited liabil resignation in writing	ity company and affirm the ling.		y has been notifie	*-
Signature of Resign	ning Member, Managing Mer	nber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			