## 18120012784

(Re	questor's Name	)					
(Address)							
(Ad	dress)	<del></del>					
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Bu	siness Entity Na	me)					
(Document Number)							
Certified Copies	_ Certificate	es of Status					
Special Instructions to Filing Officer:							
,							

Office Use Only

G. MCLEOD

MAY 21 2010

**EXAMINER** 



500181021245

05/20/10--01042--002 \*\*25.00

JO MAY 20 AM 10: 4.1

SECRETARY OF CARRESS

TO: Registration Section Division of Corporations	
SUBJECT: UNLIMITED PROP (Name of Limite	PELGY MANAGEMENT, ASSOCIATES
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
JOSE R. RUIZ (Contact Person)	
(Firm/Company)	MANAGEMENT
10925 S.W. 115 57	
M1AM1, FL. 33176 (City/State and Zip Code)	
For further information concerning this matter,	, please call:
JOSE RUIZ (Name of Contact Person)	at (786) 4/9-76/6 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	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

1. The name of the li	imited liability company	as it anne	ears on the re	ecords of	the Florida	a Denartm	ent
	ILIMITED PRO	• •				•	
2. This limited liabil F.5. 60	ity company was organiz	zed under	the laws of:				
10900	nent/registration number				•	2 7 m	·
4. I, <u>JOSE</u> (Print Nat	RUIZ me of Person Resigning) lity company and affirm	, ł	nereby resign	n as a <u>P</u>	POPEL) (Print T	TY MK	lx/AGGC
resignation in writ				_	nas been no	otified of n	ny
	•					<u></u>	DIVIS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					MAY 20 AM 10: L	Yeakoo sa kois Kaaka Kawasasas Casia

CR2E079 (5/06)

• May 14, 2010

To whom it may concern:

I Jose Ruiz LCAM 34316 am removing my license from your company "Unlimited Property Management & Associates" as a result of my termination by Unlimited Property Management & Associates on May 13<sup>th</sup> 2010.

Thank You Jose Ruiz LCAM 34316