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(Req	uestor's Name)	
(Add	ress)	
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SECKETARY OF STATE
TANAMASSEE, FLORIDA

COVER LETTER

TO: Registration Division of	on Section f Corporations	
SUPPOR AM	erichoice Realty, LLC	
SUBJECT:	(Name of Limited I	Liability Company)
The enclosed men filing.	nber, managing member or mar	nager resignation and fee(s) are submitted for
Please return all co	orrespondence concerning this	matter to:
Alexander L	Steffano	
	(Contact Person)	
Americhoice	Realty, LLC	<u></u>
	(Firm/Company)	
1001 N Lake	Destiny Rd Ste 275	"
	(Address)	
Maitland, FL	32751	
	(City/State and Zip Code)	
For further inform	nation concerning this matter, p	lease call:
Alexander St	effano at (321 439-3668
(Name o	of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please fi	nd a check made payable to the	e Florida Department of State for:
✓:	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STREET/COUR	_	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corpo	rations	Division of Corporations
Clifton Building	Q1 1	P.O. Box 6327
2661 Executive Co		Tallahassee, Florida 32314
Tallahassee, Florid	ua 32301	

CR2E079 (5/06)



FILED.

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SEURETARY 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

	he limited liability company as i merichoice Realty, LLC	t appears on the records of	f the Florida Department
2. This limited I Florida	ability company was organized	under the laws of:	
3. The Florida d <u>L090000</u>	ocument/registration number of t	his limited liability compa	any is:
4. I, Shahran	n Sondi	, hereby resign as a	IGRM (Print Title)
of this limited resignation in	liability company and affirm the writing.	abrunSond	
	esigning Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)

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