· L10000003465

		 	
(Reque	stor's Name)		
(Addre	ss)		
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(City/Si	tate/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Docur	nent Number)		
Certified Copies	Certificates	of Status	
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Special Instructions to Filing Officer:			
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COVER LETTER

Division of Corporations 100 Pro Realty 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: Michael Binder (Contact Person) 100 Pro Realty LLC (Firm/Company) PMB # 238, 1616-102 W Cape Coral Pkwy (Address) Cape Coral FL 33914 (City/State and Zip Code) For further information concerning this matter, please call: Michael Binder (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Pro Realty LLC	it appears on the records of	the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doc <u>L100000034</u>	ument/registration number of 165	f this limited liability compa	any is:
4. I, Andreas He	enschel	, hereby resign as a M	BR
	ame of Person Resigning)	,	(Print Title)
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company .	has been notified of my
Signature of Res	igning Member, Managing N	dember or Manager	2013 DEC
	S25.00 (Required) S30.00 (Optional)		C-2 PH 7: