## 11000021313

(Conventor's Name)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Sasmoss Emily Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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6					

Office Use Only

G. MCLEOD

MAR 11 2010

**EXAMINER** 



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SECRETARY OF SIGNED ON STORY OF SIGNED OF CORPORATIONS

## **COVER LETTER**

TO:	_	stration Section sion of Corporations		
		•		
SUBJ	ECT:	MAPG Partners, LLC.		
		(Name of Lim	ited Liability Co	mpany)
The e		I member, managing member or	manager resig	gnation and fee(s) are submitted for
Please	e return	all correspondence concerning	this matter to:	
Pete	er J G	Broenendijk		
		(Contact Person)		<del>-</del>
Mort	gage	Asset Preservation Gro	oup, LLC.	_
		(Firm/Company)		_
4248	В Точ	vn Center Blvd. Suite 3		
	•	(Address)		_
Orla	ndo,	FL 32837		
		(City/State and Zip Code)	11 111111111111111111111111111111111111	_
For fu	rther in	formation concerning this matte	er, please call:	
Pete	er J G	roenendijk	at ( 407	888-2337
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable t		Department of State for: \$55 Filing Fee & Certified Copy
		OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section
Divisi	on of C	Corporations		Division of Corporations
	n Build	ing ve Center Circle		P.O. Box 6327
		Ve Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (5/06)



## 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 a of State is: MAPG Partners, LLC.	ppears on the records of the Florida Department
2. This limited liability company was organized un State of Florida	der the laws of: 
3. The Florida document/registration number of thi L10000021313	s limited liability company is:
4. I, Guurink Investments, Inc.  (Print Name of Person Resigning)	_, hereby resign as a MGR (Print Title)
of his limited liability company and affirm the line resignation in writing.	nited liability company has been notified of my
Signature of Resigning Member, Managing Mem	ber or Manager

Filing Fee: Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)