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	(Reque	stor's Name)			
	(Addres	ss)				
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	(City/St	ate/Zip/Phor	ne #)			
PICK-U	P [WAIT		MAIL		
	(Busine	ss Entity Na	me)			
(Document Number)						
Certified Copies		Certificate	es of Stat	us		

Special Instructions to Filing Officer:

L. SELLERS

OCT -4 2010

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: RGELLC LLC	
(Name of Limited Liab	ility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
Robert Scheifley	
(Contact Person)	
RGELLC	
(Firm/Company)	
9841 nw 2 court	
(Address)	
Plantation, Florida 33324	
(City/State and Zip Code)	
For further information concerning this matter, please	se call:
Robert Scheifley at (954 931 3445
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	
\$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 32301	Tallahassee, Florida 32314
CD 2 F 0 T 0 (8 10 C)	



FLORIDA DEPARTMENT OF STATE OF DIVISION OF CORPORATIONS MANAGEMENT INC.

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

		and the second s		
1. The name of the of State is: RG	Timited liability company as it ELLC LLC	appears on the records	s of the Florida De	partment
2. This limited liab	ility company was organized u	nder the laws of:		
3. The Florida doc <u>L 1000003</u>	ument/registration number of the 1609	nisylimited liability con 	npany is:	
4. I, Steve Brown (Print Name of Person Resigning)		, hereby resign as a	Manager	
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability compa	ny has been notifie	d of my
Su	we Edons		رمان مستعمد من الراج	
Signature of Res	igning Member, Mahaging Me	nber or Manager	14,007.42	
BANCO PO	DPULAR - M/M	S (
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)		700	-
			T.S.	SE

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