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11 DEC 12 AM IO: 13 SECRETARY OF STATE

COVER LETTER

ţ.s

TO: Registration Section Division of Corporations	
SUBJECT: ABBOTT REA (Name of Limited)	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Kim Kuenow (Contact Person)	
ABROTT REAL ESTATE (Firm/Company)	
231 Wynnehauen B	Bed Ro.
MARY ESTHER F/ (City/State and Zip Code)	32569
For further information concerning this matter, I	please call:
(Name of Contact Person) at	(<i>856</i>) 357-455/ (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
2001 LACCULIVE COINCI CHOIC	rananassee, Piorida 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 BOTT REALESTA	it appears on the records of	of the Florida Dep	oartment
<i>,</i>	ity company was organized			
L1000	nent/registration number of	·	mpapalo'a	Nembex
(Print Na	(UPLOGE) me of Person Resigning) lity company and affirm the ing.	, hereby resign as a _	MCM · (Print Title)	
Signature of Resig	Murmon Managing M	lember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF ST	11 DEC 12 AM ID