LICCCOCO279

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

Registration Section Division of Corporations TO:

SUBJECT.	EZ REAL ESTATE, LLC			
SUBJECT:Name of Limited Liability Company				
DOCUMENT NUMBER:	L10000060279			
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted			
Please return all correspondence concer	ming this matter to the following:			
Kaitie Sperry				
Name of Person				
Corporate Direct, I	nc.			
Name of Firm/Compa	ny			
. 2248 Meridian Blvd.,	Ste H			
Address				
Minden, NV 8942				
City/State and Zip Co	de			
info@corporatedired				
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this	matter, please call:			
Kaitie Sperry	at (at (
Name of Person	Area Code Daytime Telephone Number			
Enclosed is a check made payable to the liability company or \$25.00 for an admitability company.	e Florida Department of State for \$85.00 for an active limited inistratively dissolved, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS:	STREET ADDRESS:			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Gerri Detweiler . hereby resigns as Name of Registered Agent		haraby racions ac	1
		Hereby resigns as	
Registered Agent for	EZ REAL EST	rate, llc	
	Name of Limited Liability Company	y	
L100000	60279		
Document Numb	per, if known		i
	was mailed to the above listed limited and the office discontinued on the 31st Signature of Resigni	t day after the date on which this stat	
If signing on behalf of an e	entity:		2
	Gerri Detweiler		
_	Typed or Printed Name		
_	Registered Agen	<u>t</u>	ı
	Capacity		
	EII INC EEES.		

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314