L10000074752

(Re	equestor's Name)				
(Address)					
(Ac	idress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



100191705531

01/18/11--01042--002 **25.00



J. BRYAN
JAN 1 9 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PROACT REAL ESTA	ATE GROUP LLC	
	nited Liability Company)	
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for	
Please return all correspondence concerning	g this matter to:	
RAFAEL FERMIN		
(Contact Person)		
	As i	
(Firm/Company)		7
(Time Company)	HAR	: F
1124 NW 107TH TERRACE	SERVI	o n
(Address)	——————————————————————————————————————	ع ر
PLANTATION, FL 33322	ORID	- 1 L C L
(City/State and Zip Code)	· Þ	
For further information concerning this mate	ter, please call:	
RAFAEL FERMIN	at (954) 423-3770	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
	Columba Copy	
STREET/COURIER ADDRESS:		
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	xecutive Center Circle Tallahassee, Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)



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 OACT REAL ESTATE	s it appears on the records of the GROUP LLC	ne Florida Department	
2. This limited liab	oility company was organize	d under the laws of:	JAN 18 PH 3	
3. The Florida doc L10000074	-	of this limited liability company	ris: LORIDA	
4. I, JUAN ARI		, hereby resign as a MA	NAGING-MEMBER	
(Print N	lame of Person Resigning)		(Print Title)	
resignation in w		ne limited liability company had	s been notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			