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SEURETARY OF STATE

D. BRUCE
MAY 0 1 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RENTERS CONNECTION LLC (Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to):
COREY M SCLAR	<u> </u>
(Contact Person)	
RENTERS CONNECTION LLC (Firm/Company)	
	ALS:
8676 GRIFFIN RD	Z AJ
(Address)	R 3
COOPER CITY FL 33328	FILED APR 30 PH & 28 CRETARY OF STATE LAHASSEE. FLORID
(City/State and Zip Code)	PH STATE FLORE
For further information concerning this matter, please call	RIDA
COREY M SCLAR at (954	272-5614
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 in NTERS CONNECTION		of the Flo	orida De		nent
2. This limited liab FLORIDA	ility company was organized t	under the laws of:		ECRETARY OF LLAHASSEE.	2 APR 30 PM	T
3. The Florida docu L10000103	ment/registration number of t	his limited liability con 	npany is:	STATE	\$ 2.3 2.3	-
4. I, Brian S Ra		, hereby resign as a	Manag	ing M	emb	er
	ome of Person Resigning) bility company and affirm the ting.	limited liability compar	,	<i>int Title)</i> n notific	ed of	my
Signature of Resi	gning Member, Managing Me	mber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					