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(Requestor's Name)				
(Ad	dress)			
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(Cit	ry/State/Zip/Phon	e #)		
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JUN -8 2012 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: My FLORID: (Name of Limited L	A PROPERTY STORE L Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
JAMES MCCARTHY (Contact Person)	
(Firm/Company)	
15445 BELLE MEADE :	DR_
15445 BELLE MEADE (Address) WINTER GARDEN, 7 (City/State and Zip Code)	<u>FL 34787</u>
For further information concerning this matter, p	lease call:
Name of Contact Person) at (407) 575 6755 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida 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)



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12 JUN -7 PM 1: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 lin of State is:	nited liability company as My FLORI	it appears on the records A PROPERTY	of the Florida De	epartment .
	y company was organized ORIDA	under the laws of:		
<u>L1100</u>	ent/registration number of 000/36/2 .	<u> </u>		
·	MCARTAY e of Person Resigning) ity company and affirm the			
Signature of Resign	ing Member, Managing M	lember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			