L11000058933

(Requestor's Name)		
(toquosto o ramo)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

OCT - 6.2011

EXAMINER

Office Use Only



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10/05/11--01016--003 **25.00

11 OCT -5 PH 4: LA SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: NATIONAL REALTY REFERRA	
(Name of Limited Liability C	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	o:
Gale S Bray	
(Contact Person)	<u> </u>
National Realty Referral, LLC	
(Firm/Company)	_
1331 S. Harbor City Blvd.	
(Address)	
Melbourne, Florida 32901	
(City/State and Zip Code)	
For further information concerning this matter, please cal	II:
Gale S. Bray at (321	7231400
(Name of Contact Person) (Area Coo	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
CR2E079 (5/06)	

CR2E079 (5/06)



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 limited liability company as i of State is: National Realty Referral,	t appears on the records of the Florida Department LLC
2. This limited liability company was organized Florida	under the laws of:
3. The Florida document/registration number of L11000058553	this limited liability company is:
4. I, Gale S. Bray (Print Name of Person Resigning)	, hereby resign as a MGR (Print Title)
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Signature of Resigning Member, Managing Me	ember or Manager
organical of resigning Member, Managing Me	⊼s. →

\$25.00 (Required)

\$30.00 (Optional)

TILED

11 OCI -5 PM 4: 4:

SECRETARY OF STATE
ALL AHASSEF FLORIDA

Filing Fee: Certified Copy: