L110000 69325

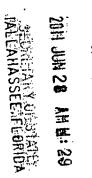
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
· (Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special instructions to Filing Officer:			

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C. LEWIS

JUN 2 9 2011

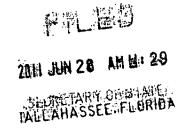
EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: MAYER SMITH VENTUR (Name of Limited)	RES, LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
ELAINE MOORE	
(Contact Person)	
(Firm/Company)	
2519 MCMULLEN BOOTH RD STE	510
CLEARWATER, FL 33761	
(City/State and Zip Code) For further information concerning this matter, p	blease call:
ELAINE MOORE at	
(Name of Contact Person) Enclosed please find a check made payable to th ✓ \$25 Filing Fee	(Area Code & Daytime Telephone Number) 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 Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





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 YERS SMITH VENT	it appears on the records of the Florida Department URES, LLC
2. This limited liab 6/14/2011	ility company was organized	d under the laws of:
3. The Florida doci	_	f this limited liability company is:
4. I, MATTHEW MAYERS (Print Name of Person Resigning)		, hereby resign as a MGRM (Print Title)
	bility company and affirm th	te limited liability company has been notified of my
Maff Signature of Resi	Mayes gning Member, Managing N	fember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)