L11000104315

(Requestor's Name)					
(Address)					
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(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
/Pu	siness Entity Nan	20)			
(Bu	isiness Entity Nan	ie)			
(Do	cument Number)	_			
Certified Copies	Certificates	of Status			
		 1			
Special Instructions to	Filing Officer:				





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12 JAN 12 AM 10: \$9
SECRETARY OF STATE
AND AHASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: RELIANT L	AWYER REFERRAL	, LEGA	L AND PROFESSIONAL SERVICES, LL	С
	(Name of Limited Li	ability Cor	npany)	
The enclosed member, mar filing.	naging member or mana	ager resig	gnation and fee(s) are submitted for	
Please return all correspon	dence concerning this n	natter to:		
Patricia H. Scott				
(Cont	act Person)		-	
		AND PF	ROFESSIONAL SERVICES, LLC	
(Firm	/Company)			
1221 SW 81 Terrac	e			
(Ac	idress)		_	
Fort Lauderdale, FL			_	
(City/Stat	e and Zip Code)			
For further information con	ncerning this matter, ple	ease call:		
Patricia H. Scott	at (954	804-0015	
(Name of Contact	Person) (A	Area Code	& Daytime Telephone Number)	
Enclosed please find a che				
✓ \$25 Filin	g ree	<u></u> □'	\$55 Filing Fee & Certified Copy	
			oory	
STREET/COURIER AD	DRESS:		MAILING ADDRESS:	
Registration Section	•		Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building	ala		P.O. Box 6327 Tallahassee, Florida 32314	
2661 Executive Center Cir Tallahassee, Florida 32301			Tallallassee, Florida 52514	

CR2E079 (5/06)



FILED 12 JAN 12 AM 10: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA

LLC

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 of State is: REL	limited liability company as IANT LAWYER REFERR	it appears on the records o AL, LEGAL AND PROF	of the Florida Department FESSIONAL SERVICES,
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc L11000104	ument/registration number of 4315	this limited liability comp	eany is:
4. I, MA Johnson		, hereby resign as a	Manager
(Print Name of Person Resigning)			(Print Title)
resignation in w	bility company and affirm the iting. Igning Member, Managing M		has been notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		