U2000077220

(Requestor's Name)				
(Address)				
(Address)	···········			
(City/State/Zip/Pi	hone #)			
PICK-UP WAIT	MAIL			
(Business Entity	Name)			
(Document Number)				
Certified Copies Certific	ates of Status			
Special Instructions to Filing Officer:				
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ALLAHASSEE, FLORID

B. BOSTICK
MAR 1 22013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROI Property Monagement LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Many To Multhrws (Contact Person)
ROI Property Moragonet, LCC
59/5 Harding St. 33
For further information concerning this matter, please call:
For further information concerning this matter, please call:
Mon To Mallhows at (954) 608.0939 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum{\$25\$ Filing Fee \$\sum{\$Certified Copy}\$}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it ap	opears on the records of the Flo	orida Depa	rtment
Florida	y company was organized und			
3. The Florida docum 12000 4. I. Ody 1	ent/registration number of this 0077220 a typ arir/0 a of Person Resignings	s limited liability company is:, _, hereby resign as a MG (P)	ALLAHASSLE AND STIME STATE STA	TAME I PHIA: 5
of this limited liabil resignation in writir	ity company and affirm the lin	nited liability company has bee	rini Filie) en nostified	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			