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SECRETARY OF STATE ALLAHASSES, FLORIDI

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 9/00 Real Istate II, LCC (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: LISA Lan Z9 ESA. (Contact Person)
Melissa P- Lanza P. A. (Firm/Company)
104 Crandon Bld. Ste 420
Rey Biscayne Ft 33149 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS:
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

1. The name of the	limited liability company as it a		rida Department
of State is:	9/00 Keal Estat	e I, UC	·
2. This limited liab	lity company was organized und	der the laws of: 	2013 SEC
	ment/registration number of this	s limited liability company is:	2013 MAY -7 P SUCRETARY OF ALLAHASSEF.
4. I,	an Furrada ame of Person Resigning)	_, hereby resign as a Manag	
of this limited lial resignation in wri	oility company and affirm the lir	nited liability company has beer	n notified of my
Side			
Signature of Resi	gning Member, Managing Mem	ber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		