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(Business Entity Name)				
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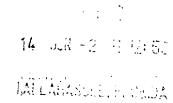
R. WHITE

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	M*E Property Xpert LLC		
	(Name of Li	mited Liability Cor	npany)
The enclosed	d member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
Raffaela Li	uzzo-Mazzocchi		
	(Contact Person)		-
	(Firm/Company)		_
4781 N Co	ngress Ave #241		
	(Address)		_
Boynton Be	each, Fl 33426		
	(City/State and Zip Code)	·	_
For further i	nformation concerning this ma	tter, please call:	
Raffaela Li	uzzo-Mazzocchi	561	965-6636
(N	lame of Contact Person)		& Daytime Telephone Number)
Enclosed ple	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE - DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appe E Property Xpert LLC	ears on the records of the Florida Department
2. The Florida doc		to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned o	or will withdraw/resign is:
4. l, Debra Mauermann (Print Name of Person Resigning)		
Managing Me		
	(Print Title)	
of this limited lia resignation in wr		ed liability company has been notified of my
Olgra	Mau	
Signature of Di	issociating Member or Resigning M	anager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	