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C. CARROTHERS

COVER LETTER

TO: Registration Section				
Division of Corporations	Division of Corporations			
SUBJECT: THOMAS REALTY CONS	SULTANTS LLC			
(Name of I	Limited Liability Company)			
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.			
Please return all correspondence concerning	ng this matter to:			
MARY THOMAS				
(Contact Person)				
THOMAS REALTY CONSULTANTS	LLC			
(Firm/Company)				
7910 SW 197 TERRACE				
(Address)				
CUTLER BAY, FL 33189				
(City/State and Zip Code)				
For further information concerning this ma	atter, please call:			
MARY THOMAS	305 283-6295			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payabl \$25 Filing Fee	le to the Florida Department of State for: \$\square\$ \$\$\$ \$\$ \$\$\$ Filing Fee & Certified Copy			
CERTIFICATION A PROPERTY	MAN ING ARRESG			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			

Tallahassee, Florida 32301

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)

ì.	The name of the limited liability company as it appears on the records of the Florida Departme	
	of State is:	
2. The Florida document/registration number assigned to this limited liability company is: L150000206562		
3.	The date this member/manager withdrew/resigned or will withdraw/resign is:	
	I, RAYMOND THOMAS (Print Name of Person Resigning), hereby withdraw/resign as a	
	MEMBER	
	(Print Title)	
	of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: