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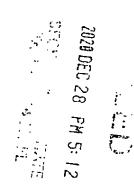
(Requestor's Name)
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COVER LETTER

-	tion of Corporations		
SUBJECT:	R & T REAL ESTATE INVE	STMENTS, LLC	
	(Name o	f Limited Liability Co	mpany)
The enclosed	I member, resignation or di	ssociation and fee(s) are submitted for filing.
Please return	all correspondence concer	ning this matter to:	:
ADRIA	N T. RION		
	(Contact Person)		_
	(Firm/Company)		_
285 RIVER DI	RIVE		
	(Address)		_
EAST PALAT	KA, FLORIDA 32131		
	(City/State and Zip Code)		_
For further in	nformation concerning this	matter, please call:	
ADRIAN T. R	ION	386 at (972-3993 _)
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ase find a check made paya g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O. 1	eg Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

1. The name of the	limited liability company as it appears on the records of the Florida Department	
of State is:	& T REAL ESTATE INVESTMENTS, LLC	
2. The Florida doc	ument/registration number assigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: Ottober 15,000	
RICHARD LOOSEMORE 4. l. hereby withdraw/resign as a		
(Print)	, hereby withdraw/resign as a same of Person Resigning)	
MANAGER		
	(Print Title)	
of this limited lia	ibility company and affirm the limited liability company has been notified of my fitting.	
_RL		
Signature of D	issociating Member or Resigning Manager	
Filing Fee:		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	