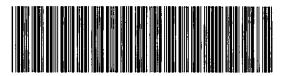
# L16 000 115755

(Re	questor's Name)	<del>-</del>
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Certified Copies	_ Certificates	s of Status
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### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000115755	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Mary Jo Spalinger	
Name of Person	
Business Filings Incorporated	
Name of Firm/Company	
8020 Excelsior Drive #200	
Address	
Madison, WI 53717	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Jo Spalinger 608	843-0228
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the undersign	ned,
Business	Name of Registered Agent	reby resigns as
Registered Agent for	ERA REAL ESTATE LLC	
	Name of Limited Liability Company	,
L16000115755		
Document	Number, if known	
	ation was mailed to the above listed limited liability com	
The agency is termina	ated and the office discontinued on the 31st day after the	27 PM
If signing on behalf o	f an entity:	ORID ORID
	Business Filings Incorporated	<b>*</b>
	Typed or Printed Name	
	Assistant Secretary	
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314