19900007270

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Resign				
Office Lice Only				



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G. MCLEOD

JAN 17 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rue Ave. V, LLC (Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Evelyn Wagner Persons	
(Contact Person)	_
VIP Realty Group, Inc.	_
(Firm/Company)	
12995 Cleveland Ave. Suite 160	
(Address)	-
Fort Myers, FL 33907	_
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Evelyn Wagner Persons at (239	_) 489-1100 Ext. 240
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i alialiassee, Florida 32314

CR2E079 (5/06)





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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as i e Avenue V, LLC	appears on the records of the Florida Department
2. This limited lial	oility company was organized	ander the laws of:
3. The Florida doc L990000	<u> </u>	his limited liability company is:
4. I, Carol Dez	Ort Name of Person Resigning)	, hereby resign as a Manager (Print Title)
•	bility company and affirm the	limited liability company has been notified of my
Car	of I Dunt	
Signature of Res	igning Member Managing Me	mber or Manager
Filing Fee:	\$25.00 (Required)	