

(Re	equestor's Name)		
(Ac	idress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only

G. MCLEOD

SEP 21 2011

EXAMINER



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Commercial Florida Management Services, LLC 4800 North Federal Highway, Suite D300 Boca Raton, FL 33431 Telephone: 561-338-9950 Facsimile: 561-338-9970

September 14, 2011

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

Re:

Commercial Florida Management Services, LLC

Resignation of MGRM - Mary Sacks

Dear Sir/Madame:

Enclosed please find Resignation of Member Form completed and signed by Mary Sacks, resigning as MGRM of Commercial Florida Management Services, LLC. Enclosed is a check for the required Filing Fee and fee for a certified copy for a total amount of \$55.00.

If you require any further documentation, etc., please contact my office at the address or phone number above.

Thank you.

Commercial Florida Management Services, LLC

George Sacks

enclosures

COVER LETTER

Tallahassee, Florida 32314

TO: Registration Solution of Co				
SUBJECT:OM	1MERCIAL (Name	FLORIDA of Limited Liabi	MANAGE MENT lity Company)	SERVICES, LL C
The enclosed member filing.	, managing mem	ber or manage	er resignation and fee(s) a	are submitted for
Please return all corre	spondence conce	erning this mat	ter to:	
	(Contact Person)			
Commercia	L EORIDA (Firm/Company)	MANAGE	MENT SERVICES,	LLC
4800 N. 1	EDERAL H	howay,	MENT SERVICES, SUITE DIO	8
BOLA RA	TOW FZ	3343		
For further information	on concerning thi	s matter, pleas	e call:	
(Name of Co	ontact Person)	at (761) 338-90 a Code & Daytime Telepho	ne Number)
• —	a check made pay Filing Fee	yable to the Flo	orida Department of Stat \$55 Filing Fee & Certified Copy	e for:
STREET/COURIER Registration Section	R ADDRESS:		MAILING ADD Registration Sect	
Division of Corporation Clifton Building	ons		Division of Corp P.O. Box 6327	

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imited liability compa	any as it appe FLORIDA	ears on the records of MANAGET	of the Flori	da Departmen	t ; UC
	ity company was org	anized under	the laws of:			
	ment/registration num	nber of this li	mited liability comp	pany is:		
4. I, MARY (Print Na	SACKS me of Person Resigning)	, ł	nereby resign as a _	MG (Prin	RM_ 1 Title)	
of this limited liab resignation in writ	ility company and aff ing.	firm the limite	ed liability company	y has been	notified of my	ı
Mare	1 Scal				TA	
Signature of Resig	ning Member, Mana	ging Member	or Manager		H SEP I	and the same of th
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				I 9 AN 11s I	ー 可 フ