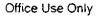
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: REAL ESTATE POSSIBILITIES, LLC Name of Limited Liability Company DOCUMENT NUMBER: M17000000354 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are s for filing. Please return all correspondence concerning this matter to the following: Registered Agent Department Name of Person **Business Filings Incorporated** Name of Firm/Company 8020 Excelsior Drive Suite 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: Brenna Lutter Name of Person Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limite liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn li liability company. MAILING ADDRESS: STREET ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassec, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statut	es, the undersigned,	
Business Filings In	corporated	, hereby resigns as	
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·9···
Registered Agent for R	EAL ESTATE POSSIBILITIES	, LLC	
	Name of Limited Liability Comp	pany	
M17000000354			
Document No	imber, if known		
A copy of this resignation	on was mailed to the above listed limi	ted liability company at	its last known addn
The agency is terminate	d and the office discontinued on the 3	1st day after the date on	which this statemer
	Blena Hut Signature of Resi	gning Agent	_
If signing on behalf of a	n entity:		温 巴
	Brenna Lutter		
	Typed or Printed Nar	ne	
	Asst Secretary for Business F	Filings Incorporated	TO THE TOTAL TO
	Capacity		CORNER DE

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

FILING FEES:

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