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(Re	equestor's Name))
(Ac	ddress)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

DD 12/5/09

COVER LETTER

SUBJECT: Bzach5, dz Rzalty of Fort Laudadale, Inc., (Name of Corporation)
DOCUMENT NUMBER: 9 06000 84450
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barry 5. M. HElberg (Name of Person)
Barry 5, Mittellocia PA (Name of Firm/Company)
Moo N. University Dr. #300
Copal Spring, 52 33071 (City/State and Zip Code)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Bary 5. Mittelbers at (854) 752-1213

(Name of Person) at (854) 752-1213

(Area Code & Daytime Telephone Number)

For further information concerning this matter, please call:

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Barry 5. M	HelbErcy	, hereby resign	ias Szch	ctary TReas	vece t Director
of Brachside	Realty (Name of Corpor	ation)	Foet	Zlabubual	y Inci
	a corp			iws of the State of	
Florida	·				
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resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314