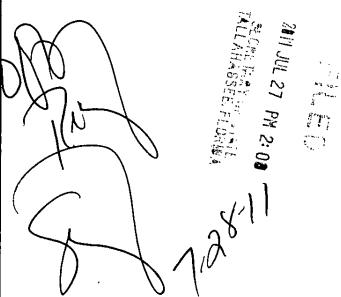


(Requestor's Name)	`
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	.
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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07/27/11--01012--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PORTER FAMELY PROPERTIES AND MANAGEMENT INC
(Name of Corporation)

DOCUMENT NUMBER: 9080000 72253

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL D. PORTER
(Name of Person)

PORTER FAMILY PROPERTIES AND MANAGEMENT INC.
(Name of Firm/Company)

3316 MANATEE AVE W

BRADENTON FL 34205 (City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL A. PORTER at (8/3) 7-643564
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DEBBLE 5 PORTER, hereby resign as SEC.	RETAK (Title)	iy T
of PORTER FAMILY PROPERTIES AND MANAGEN (Name of Corporation)	IENT I	- √√
$P_{0800072253}$, a corporation organized under the laws of to (Document Number, if known)	he State of	
FLORIDA PLEME DELETE DEBRIE.		e
(Signature of resigning officer/director)	28H JUL 27 SECKERAS TALLAHASSI	To The
FILING FEE IS \$35.00	7 PH 2: C	Winds a

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

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