(Re	questor's Name)	
(Ada	dress)	
(Ad	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	WAIT . MAIL	
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COVER LETTER

SUBJECT: CAPITAL REALTY	RESIDENTIAL, INC.
SCHEET.	(Name of Corporation)
DOCUMENT NUMBER: P09	9000061791
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
DONNA MCDONALD	
(Name of Pe	rson)
CAPITAL REALTY RESIDEN	TIAL, INC.
(Name of Firm/C	Company)
600 SANDTREE DRIVE, SUIT	ΓE 109
(Address)
PALM BEACH GARDENS, FL	. 33403
(City/State and Z	(ip Code)
For further information concerning	g this matter, please call:
DONNA MCDONALD	at (561) 624-5888 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Stephen Chuilli	, hereby resign as Director		
-7		(Title)	
of_ Capital Realty Residential, Inc			
(Name	e of Corporation)		
P0900061791 (Document Number, if known)	, a corporation organized under the law	s of the State of	
Florida			
Steph	Multi (Signature of resigning officer/director)	ZION JUL 30 AM 9: 56 SECRETARY OF STATE TALLAHASSEE, FLORID	

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