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## **COVER LETTER**

7	gistration Section vision of Corporations		
SUBJECT	FSR Broad Street Properti	es, L.L.C.	
	(Name of Li	npany)	
The enclos	sed member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please retu	rn all correspondence concernin	g this matter to:	
David R.	Phillips, Esq.		
	(Contact Person)		_
Phillips, F	layden & Labbee, LLP		
	(Firm/Company)	<del></del>	_
1314 S. F	ort Harrison Avenue, Suite A		
	(Address)		_
Clearwate	er, FL 33756		
	(City/State and Zip Code)	<u> </u>	_
For further	information concerning this ma	tter, please call:	
David R.	Phillips, Esq.	727 at (	300-1399
-	(Name of Contact Person)	_ `	& Daytime Telephone Number)
Enclosed p ■ \$25 Fili	please find a check made payable ng Fee		Department of State for: g Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration of	on Section f Corporations		Registration Section Division of Corporations
Clifton Bu			P.O. Box 6327
2661 Exec	utive Center Circle e. Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)

MP



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the record of State is:  FSR Broad Street Properties, L.L.C.	rds of the Florida Department
2. The Florida document/registration number assigned to this limited L0100001447	liability company is:
3. The date this member/manager withdrew/resigned or will withdraw 4. I. Matthew T. Pallardy  (Print Name of Person Resigning)  Manager	w/resign as a light to the control of the control o
of this limited liability company and affirm the limited liability com resignation in writing.  **More falling**  Signature of Dissociating Member or Resigning Manager*	pany has been notitied of my

MA

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)