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FLYFRANCE FROM

Sovietate Resea	inch
Address City/State/Zip Phone #	5454
CORPORATION NAME(S) & DOCUM	Office Use Only IENT NUMBER(S), (if known):
1. Neil Eisner (Corporation Name)	(Document #)
Corporation Name) (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Amendment Vnember Manager Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report	REGISTRATION/QUALIFICATION Foreign
Fictitious Name	Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OF OCA IN PROJECT OF THE PROPERTY OF THE PROPE

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Neil Eisner	, hereby resign as Member
	(Title)
of Falcon Moss Apartments, LLC	
	(Limited Liability Company)
a limited liability company organize	d under the laws of the State of Florida
and affirm that the limited liability o	ompany has been notified in writing of the resignation.
Neil	Eronen
(Signature of resign	ning manager, managing member or member)

FILING FEE IS \$25.00

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