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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
· (Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE

T. HAMPTON

JUL 2 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FRTP II, LLC (Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
ANITA DANA	
(Contact Person)	
FRTP II, LLC	
(Firm/Company)	
2250 LUCIEN WAY, STE 200	
(Address)	
MAITLAND, FL 32751	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
ANITA DANA	at (407) 461-8025 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: FR		it appears on the record	ls of the Florida Department
2. This limited liabi	lity company was organized	l under the laws of:	
3. The Florida docu L0300003	ment/registration number of	f this limited liability co	mpany is:
of this limited liab resignation in wri	ame of Person Resigning) oility company and affirm th		MEMBER (Print Title) any has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PI 08 JUL 2 SECKETAL TALLAHAS

CR2E079 (5/06) ·