Lo3000037380

(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
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SECREMARY OF STATE PLOYIDA



COVER LETTER

SUBJECT: FRTP-III, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L03000037380
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANITA DANA (Name of Person)
FRTP-III, LLC (Name of Firm/Company)
2250 LUCIEN WAY, STE 200 (Address)
MAITLAND, FL 32751 (City/State and Zip Code)
For further information concerning this matter, please call:
ANITA DANA (Name of Person) at (407) 461- 802-5 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	tion 608.416(2) or 608.509, Florida Statutes, the undersigned,		
ANITA DANA	, hereby resigns as		
(Name of	f Registered Agent)		
Registered Agent for			
FRTP-III, LLC			
	(Name of Limited Liability Company)		
L03000037380			
(Document Number, if know	vn)		
A copy of this resignation was m	nailed to the above listed limited liability company at its last known addre	SS.	
The agency is terminated and the	e office discontinued on the 31st day after the date on which this statemen	nt is file	d.
	Cluela Company (Signature of Resigning Agent)	er 08	
If signing on behalf of an entity:	AHAS	ercesian	FILE
	(Typed or Printed Name)		
	(Capacity)	3: 5Z	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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