## L04000047283

(Re	questor's Name)					
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

2016 JUL 29 PH 2:02

July 19, 2016

KEYSTONE LAW FIRM, P.A. FRANK WOLLAND, ESQ. 12865 WEST DIXIE HWY, FL 2 NORTH MIAMI, FL 33161

SUBJECT: TRUE INVESTMENT PROPERTIES LLC

Ref. Number: L04000047283

We have received your document for TRUE INVESTMENT PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 416A00015052

## **KEYSTONE LAW FIRM, P.A.**

LAW OFFICES OF FRANK WOLLAND, ESQ. 12865 West Dixie Highway Second Floor North Miami, Florida 33161

FRANK WOLLAND, ESQ. Member of the Florida Bar SHAYNA GLICKFIELD, ESQ. Florida and New York Bar Tel: 305-899-8588 Fax: 305-892-8434

July 25, 2016

Division of Corporation PO Box 6327 Tallahassee, FL 32314

RE: Resignation of Registered Agent for a Corporation/ True Investment Properties, LLC.

To Whom in May Concern,

Enclosed please find the signed Resignation of Registered Agent for a Corporation for the above-referenced matter.

If you have any questions or concerns please do not hesitate to contact our office.

Very truly yours,

Frank Wolland, Esq.

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	, Florida S	Statutes, the un	dersigned,				
FRANK W	OULLAND			, hereby re	esigns as			
	Name of Registered Agent	t		<del>-</del>	Ī	و سرز	2	
Registered Agent for	TRUE INVE	STM	ENT P	ROPER	(ES		7016 JUL 28	
	Name of Limi	ted Liability	Company			SKE G		m
L040000 Document Num		_ <del></del>				FLORIDI	PH 12: 26	
A copy of this resignation	n was mailed to the al	bove listed	l limited liabili	ty company a	at its last kn	own ad	dress.	
The agency is terminated	and the office discor	signature o			on which th	is stater	nent is	filed.
If signing on behalf of an				_				
	FRANK	< 500	, ccapal	$\mathcal{D}$				
	Ту	ped or Print	ed Name		•			
	REGISTE	Capacity	AGENT		,			

## 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