L04000073742

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
•		•
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies. <u>.</u>	_ Certificates	s of Statu <u>s</u>
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. BRYAN
JUN - 9 2009
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: F DEVELOPMENT LLC	
(Name of Limited Liability Com	npany)
The enclosed member, managing member or manager resignifing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
JOSE E. FANO	_
(Contact Person)	-
F DEVELOPMENT LLC	SECRE ALLAY
(Firm/Company)	A T
2189 WEST 60TH STREET SUITE #205	JUN-8 PH 2: 10 CRETARY OF STATE LAHASSEE, FLORIG
HIALEAH, FLORIDA 33016	TATE ORIDA
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
JOSE E. FANOat (_ 305	556-4282
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 555 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)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as i	it appears on the record	s of the Florida Departme	ent
of State is: FD	EVELOPMENT LLC			<u>.</u> .
2. This limited liabi	lity company was organized	under the laws of:		
3. The Florida docu L04000073	ment/registration number of 742	this limited liability cor	mpany is:	
4. I, TANIA FAI	NO (P	, hereby resign as a	MANAGER	<u></u>
,	me of Ferson Kesigning)		(Frini Tille)	
	ility company and affirm the	limited liability compa	my has been notified of m	ıy
resignation in wri	ing.			
I/aura	. Valeo		7A S 6	
Signature of Resignature	gning Member, Managing M	ember or Manager	CR LA	
			AHA AHA	
Filing Fee:	\$25.00 (Required)		-8 PM ARY OF SSEE,	
Certified Copy:	\$30.00 (Optional)		1 2: 1 F STAT FLOR	O