

105000 103932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

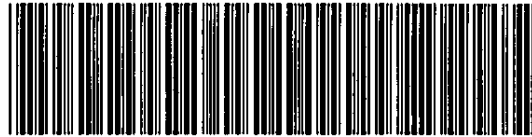
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ Filed date

William J. Bosch
Michael D. Chimento
Michael D. Chimento III
Paul M. Guntharp, Jr.
Jay W. Livingston



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Website: www.palmcoastlaw.com

May 23, 2007

Florida Department of State
Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: F AND G 11, LLC

Dear Sir or Madam:

Enclosed please find an original and one (1) copy of each the Resignation of Member, Managing Member or Manager and Resignation of Registered Agent for the above limited liability company, together with our firm's checks in the amount of \$25.00 and \$85.00 respectively representing your filing fee. Kindly file the enclosed resignations and return an acknowledgment of same to the undersigned.

If you have any questions, please do not hesitate to call.

Sincerely,


Isabel L. Garcia

Legal Assistant to William J. Bosch
Enclosures

cc: Kenneth Fisher
Patrick Anderson, Esquire
(via-email)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department
of State is: F and G 11, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L05000103932

4. I, Kenneth Fisher, hereby resign as a Member and Manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

A handwritten signature in cursive script, appearing to read "Kenneth Fisher", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

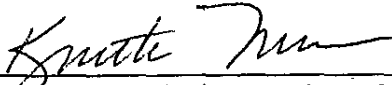
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(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

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Certified Copy: \$30.00 (Optional)

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