Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000052324 3)))



H080000523243ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Attn: Irene Albritton

To

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SPECTOR GADON Account Number : 120030000027

Phone Fax Number : 120030000027 : (215)241-8893 : (215)241-8844

08 FEB 28 AMIN: 5

SECRETARY OF STATE DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

FSL- PANAMA CITY, LLC

Certificate of Status	0
Certificd Copy	0
Page Count ·	2504
Estimated Charge	\$87.50

Corporate Filing Menu

Help

Electronic Filing Menu

02/28/08

PAGE 001/001 2/28/2008 2:42

Ø 002/004 Florida Dept of State



February 28, 2008

FLORIDA DEPARTMENT OF STATE Division of Comorations

FSL- PANAMA CITY, LLC 100 SECOND AVENUE SOUTH SUITE 901S SAINT PETERSBURG, FL 33701US

SUBJECT: FSL- PANAMA CITY, LLC

REF: L05000105441

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the registered agent information so that it reflects our records. We show SPECTOR GADDON AND ROSEN.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 508A00012514

Per your request, correction made.

Thankyow.

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FSL-Panama City, LLC	d Liability Company)
DOCUMENT NUMBER: L05000105441	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this r	natter to the following:
Frank Manzano, Paralegal	
(Name of Person)	
Spector, Gadon & Rosen, P.C.	
(Name of Firm/Company)	
1635 Market Street, 7th Floor	
(Address)	
Philadelphia, PA 19103	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Frank Manzano	215 \ 241-8833
(Name of Person)	215 241-8833 (Area Code & Daytime Telephone Number)
Enclosed is a check made physible to the Florida D liability company or \$25.00 for an administratively limited liability company.	epartment of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Flor	ida Statutes, the undersigned,
Spector Gaddon and Rosen	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for FSL-Panama City, LLC	
(Name of Limited Liability Compan	у)
L05000105441	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited	liability company at its last known eddress.
The agency is terminated and the office discontinuethon the 31st	day after the date on which this statement is filed.
	DIVISION DE LA CONTRACTION DEL CONTRACTION DE LA
If signing on behalf of an entity.	08 FEB 28
Brooke Madonna	्र जिल्ली
(Typed or Printed Name)	PORATIONS ANII: 55
Member	
(Capacity)	Sign His

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