

L06 0000 12085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

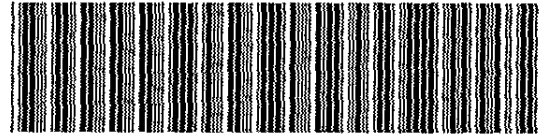
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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L06-12085  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISFP DEVELOPMENT LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Robins  
(Name of Person)

ISFP DEVELOPMENT LLC  
(Firm/Company)

40 Park Ave - Apt 8G  
(Address)

NY, NY 10016  
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Robins at (561) 843-9400  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Matthew Robins, hereby resign as Managing Member  
(Title)  
of ISFP DEVELOPMENT LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida  
and affirm that the limited liability company has been notified in writing of the resignation.

Matthew Robins  
(Signature of resigning manager, managing member or member)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FILING FEE IS \$25.00**

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