Lol000050504

(Da	equestor's Name)					
(Ne	questors Name,					
(Ad	ldress)					
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PICK-UP	WAIT	MAIL				
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

B. BOSTICKJUN 2 0 2012

EXAMINER

COVER LETTER

		_		_			
SUBJECT:	Fortress Dev Name of Limit	/elopm ed Liabili	ent, LL v Compa	C			
DOCUMENT NUMBER:		L06000					
The enclosed Resignation o for filing.	f Registered Agent fo	r a Limit	ed Liabil	ity Company and	fee are	submit	tted
Please return all correspond	ence concerning this	matter to	the follo	wing:			
	A. Larson						
Name	of Person						
	ction Solutions, LLC						
Name of I	Firm/Company		_				
19046 Bruce B	. Downs Boulevard						
A	ddress		_		\mathbf{A}_{S}		
	lorida 33647 and Zip Code		_		LLAHA	12 JUN 18 AM II: 09	
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mlarson@th	ninkfortress.com		<u></u> .		ٿي	12	
E-mail address: (to be used	for future annual report n	otification)	ļ		75	<u></u>	C
For further information con	cerning this matter, pl	lease call	:		TATE ORIDA	1:09	
Mark A. Lars			_)	781-1912			
Name of Pers	on	Area Coo	le & Day	time Telephone Nu	ımber		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 608.416(2) or 608.5	09, Florida Statutes, the unders	signed,
Andrew	M. O'Malley	, hereby resign	ns as
	egistered Agent	,	
Registered Agent for	Fortres	s Development, LLC	
	Name of Limited Liability	Company	,
L06000050304	,		
Document Number, if known	own		
A copy of this resignation was ma	/1	• • •	
The agency is terminated and the	office discontinued on t	the 31st day after the date on w	thich this statement is filed.
If signing on behalf of an entity:	Signature of	f Resigning Agent	12 JUN 18 SECREDARY ALLAHASSE
	Typed or Printe	ed Name	A TO
	Capacity		

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