# L06000074510

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(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
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T. HAMPTON

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	A & J FTMI	MANAGER	R, LLC		
	Name of Lim	ited Liability Co	ompany		
DOCUMENT NUMBER:	L06000074510				
The enclosed Resignation of F for filing.	Registered Agent	for a Limited L	iability Company and	fee are submitted	
Please return all corresponden	ce concerning thi	s matter to the	following:		
Wendy	Hefley				
Name of	Person				
Incorp Ser					
Name of Fin	m/Company				
2360 Corporate	Circle, Ste. 400				
Addı	ress				
Henderson,					
City/State ar	nd Zip Code				
processing@ E-mail address: (to be used for	gincorp.com				
E-mail address: (to be used for	future annual report	notification)		,	
For further information concer	rning this matter,	please call:			
Incorp Services Inc./Wer	ndy Hefley at	(	866-2500		
Name of Person		Area Code &	Daytime Telephone Nun	nper	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 608.416(	(2) or 608.509, Florid	a Statutes, the under	signed,		
Inc	corp Services, It	nc.	, hereby resig	ens as		
Na	ame of Registered Ager	nt		1		
Registered Agent for		A & J FTMI MA	NAGER, LLC			
	Name of Lim	ited Liability Company			,	
L060000	74510					
Document Numb	er, if known					
A copy of this resignation v	was mailed to the a	bove listed limited lia	bility company at it:	s last known ad	dress.	
The agency is terminated as  —  If signing on behalf of an e	ntity: Wendy Hefle	Signature of Resigning  ey for Incorp Serveyped or Printed Name rized Representati	Agent ices Inc.	hich this staten	nent is	filed.
_	Author	Capacity	ive			
	FILING \$ 85.00 \$ 25.00	FEES:	ility company issolved/ voluntarily liability company	SECRETARY OF STAT TALLAHASSEE DE LORI	2013 NOV 20 PM 12: 3	FILED

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