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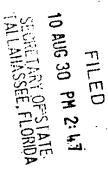
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
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(Document Number)			
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COVER LETTER

CR2E079 (5/06)

TO:	Registration Section Division of Corporations	
SUB.	JECT:F	PI, LLC
		mited Liability Company)
The e		or manager resignation and fee(s) are submitted for
Pleas	e return all correspondence concerning	g this matter to:
Sco	tt Douglas Newell	
	(Contact Person)	
FPI	, LLC	
	(Firm/Company)	
202	6 SW Import Drive	
	(Address)	
Port	t Saint Lucie, FL 34953	
	(City/State and Zip Code)	
For fi	urther information concerning this ma	tter, please call:
Sco	tt Douglas Newell	at (772) 940-1490
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	osed please find a check made payable	to the Florida Department of State for:
	✓ \$25 Filing Fee	\$55 Filing Fee &
	٠	Certified Copy
STRI	EET/COURIER ADDRESS:	MAILING ADDRESS:
Regis	stration Section	Registration Section
	ion of Corporations	Division of Corporations
	on Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
Talla	hassee, Florida 32301	



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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 of State is:		s it appears on the records of the Florida Department
2. This limited liab	ility company was organize	ed under the laws of:
	ument/registration number o	of this limited liability company is:
····	reg A. Newell lame of Person Resigning)	, hereby resign as a Managing Member (Print Title)
resignation in wr	eting.	he limited liability company has been notified of my
Signature of Resi	igning Member, Managing	Member or Manager
	\$25.00 (Required) \$30.00 (Optional)	