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EXAMPLEA

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COVER LETTER

SUBJECT: FFC DEVELOP Name of L	ME imited	NT PA	RTNE v Comr	ERS LLC		
DOCUMENT NUMBER:			-	-		
The enclosed Resignation of Registered Agen for filing.	nt for	a Limite	ed Liab	ility Company an	d fee are	submitted
Please return all correspondence concerning t	lhis m	atter to	the foll	lowing:		
Mary E. Fink Name of Person	. .		_			
NATIONAL CORPORATE RESEARCH Name of Firm/Company	I, LTI	D, Inc.	_			
615 S. Dupont Highway Address			_		:	1.
Dover, DE 19901 City/State and Zip Code			_		·	
E-mail address: (to be used for future annual report further information concerning this matter						
Mary Fink Name of Person	at (800 Vrea Cod	_)_ e & Day	483-1140 ytime Telephone N	umber	
Enclosed is a check made payable to the Flori liability company or \$25.00 for an administrationited liability company.	ida D tively	epartme / dissolv	nt of St ed, vol	tate for \$85,00 for untarily dissolved	r an active I or withd	e limited rawn

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 provisio	ns of section 608.416(2) or 608.509, Florida Statutes, the undersigne	d,
National (Corporate Research, LTD, Inc. , hereby resigns as Name of Registered Agent	
Registered Agent for	FFC DEVELOPMENT PARTNERS LLC	
	Name of Limited Liability Company	
L0700	0101968	
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability company at its last	known address;
The agency is terminate	d and the office discontinued on the 31st day after the date on which	this statement is filed.
	Mayre Cofavelli. Signature of Resigning Agent	
If signing on behalf of a	in entity:	
	Wayne Rafanelli Typed or Printed Name	
	VP, National Corporate Research, LTD, Inc.	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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