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PICK-UP WAIT MAIL	:
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	F.M.T. Developr Name of Limited	<u>nent Group,</u>	<u>, LLC</u>	_
	Name of Limited	Liability Comp	any .	
DOCUMENT NUMBER:	<u>L</u> ı	<u>0700012139</u>	91	_
The enclosed Resignation of R for filing.	egistered Agent for a	a Limited Liab	ility Company and fee	are submitted
Please return all correspondence	e concerning this m	atter to the foll	owing:	
Mr. Fred				
Name of	Person			
F.M.T. Developm				
Name of Firm	/Company	_		
2316 Picad				
Addr	SS			
Naples, F				
City/State and	l Zip Code			
E-mail address: (to be used for	future annual report noti	ification)		
For further information concern	ning this matter, plea	ase call:		
Fred Brunoli	at (239)	417-5175	_
Name of Person	Ā	rea Code & Day	time Telephone Number	ſ

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 sect	ion 608.416(2) or 608.50	09, Florida Statut	tes, the undersigned,		
Micha	el J. Volpe		, hereby resigns as		
	Registered Agent		,		
Registered Agent for	F.M.T. De	velopment Gr	oup, LLC		
	Name of Limited Liability	Company		,	
L0700012139					
Document Number, if kn	own				
A copy of this resignation was ma	ailed to the above listed	limited liability o	company at its last know	n address.	
The agency is terminated and the	My hady.	he 31st day after Resigning Agent	the date on which this s	u ≆i k∵:	
If signing on behalf of an entity:				응 글) A
	Michael J.	Volpe		09 OCT 13	
	Typed or Printed	d Name		V. mai	100
	Capacity	<u> </u>		AH II: O	""

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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