## 108000042686

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
		;
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: (Do	ocument.Number)	
Certified Copies	_ ::::Certificates	of Status
Special Instructions to	Filing Officer:	
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T. HAMPTON

SEP - 9 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida 1 Adustrial 1 roperties 1 wo, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person  Firm/Company  2433 NW 64st.  Address  Address  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (SCI) 414 - 1133  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \$\$\$ \$\$\$ \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$\$\$\$\$\$\$\$

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it appears on the records of the Florida Department
2. This limited liabi	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
4.1, <u>Frask</u> (Print No.	me of Person Resigning), hereby resign as a Mgrm Thrint Title)
	oility company and affirm the limited liability company has been notified of my
Signature of Resignature	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)