L08000087989

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	ocument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



100238768071

88/29/12-01024-085-**43.75 08/29/12-01025-001 **85.00

> SECRETARY OF STATE TALLAHASSEE. FLORIDA

2012 AUG 27 AM '9: 02

J. SAULSBERRY EXAMINER

AUG 3 0 2012

COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: FP Real Properties, L	
(Name of Li	imited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Frank Payton	
(Contact Person)	
FP Real Properties, LLC	
(Firm/Company)	281 Tali
15 Cypress View Trail	CRETARY OF STATE LAHASSEE. FLORIDA
(Address)	27 SSEE
Ormond Beach, FI 32174	OF ST
(City/State and Zip Code)	AATE O
For further information concerning this mat	
Frank Payton	_at (_386) 677-2707
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 60	8.509, Florida Stat	utes, the undersigned	,		
FRANI	K W. PAYTON Name of Registered Agent	<u> </u>	, hereby resigns as			
	- -					
Registered Agent for	FP REAL PRO	PERTIES,	LLC			
	Name of Limited Liab	sility Company			,	
208000	087989 nber, if known					
Document Nun	nber, if known					
A copy of this resignation	was mailed to the above lis	sted limited liability	company at its last k	nown ad	dress.	
_		•	• • •			
The agency is terminated	and the office discontinued	on the 31st day afte	r the date on which the	nis staten	nent is f	iled.
	Frank	wayt	ón			
•	Signatu	re of Resigning Agent				
If signing on behalf of an	entity:			SECRE FALLAH	2012 AU	
•	Typed or P	rinted Name		TARY (ASSEE	627	
·	Сарас	ity		SECRETARY OF STATE. TALLAHASSEE, FLORIDA	AM '9: 02	
	FILING FEES: \$ 85.00 Activ \$ 25.00 Admi with	e limited liability c nistratively dissolv Irawn limited liabil	ompany ed/ voluntarily disso ity company	lved/		

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