

LO9000121045

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2016 JAN 28 P 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 29 2016  
J. BRUCE

**SANDERS AND DUNCAN, P.A.**  
ATTORNEYS AT LAW

Barbara Sanders  
Board Certified Criminal Trial Lawyer  
Email: bsanders@fairpoint.net

Donna Duncan  
Email: ddduncan@fairpoint.net

January 26, 2016


Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Resignation of Registered Agent  
FFP Propco, LLC

Dear Clerk:

Please find enclosed Cover Letter and Statement of Resignation of Registered Agent for FFP Propco, LLC. The fee was paid previously on January 12, 2016. If you should have any questions or need anything further, please give us a call.

Sincerely,

  
Jessica Gay  
Legal Assistant

Encl.

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2016 JAN 28 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



JAN 19 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 JAN 29 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 12, 2016

DONNA DUNCAN  
SANDERS AND DUNCAN, P.A.  
P.O. BOX 157  
APALACHICOLA, FL 32329

SUBJECT: FFP PROPCO, LLC  
Ref. Number: L09000121048

We have received your document for FFP PROPCO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 116A00000677

2016 JAN 28 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FFP PROPCO, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000121048

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA DUNCAN

Name of Person

SANDERS AND DUNCAN, P.A.

Name of Firm/Company

P.O. BOX 157

Address

APALACHICOLA, FL 32329

City/State and Zip Code

ddduncan@fairpoint.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Duncan

Name of Person

at ( 850 ) 653-8976

Area Code Daytime Telephone Number

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:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
2016 JAN 28 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,


**SANDERS AND DUNCAN, P.A.**, hereby resigns as  
Name of Registered Agent

Registered Agent for **FFP PROPCO, LLC**  
Name of Limited Liability Company

**L09000121048**  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

**DONNA DUNCAN**  
Typed or Printed Name  
**VICE PRESIDENT**  
Capacity

## FILING FEES:

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JAN 28 PM 1:34

FILED