

L10000021937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

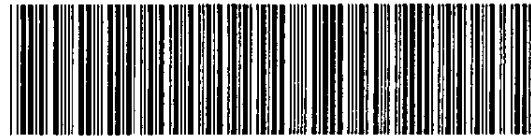
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

FEB 11 2011

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fortune Property Management & Investments, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000021937

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:

ANTHONY PASSARO
Name of Person

Name of Firm/Company

1010 DOTTERAL ROAD, SUITE 100
Address

DELRAY BEACH, FLORIDA 33444
City/State and Zip Code

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

For further information concerning this matter, please call:

ANTHONY PASSARO at (561) 279-2071
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

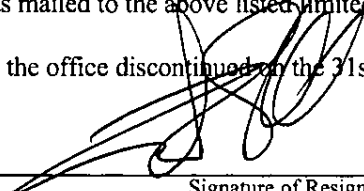
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ADAM I. SKOLNIK, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for FORTUNE PROPERTY MANAGEMENT & INVESTMENTS, LLC
Name of Limited Liability Company

L10000021937
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:

ADAM I. SKOLNIK, P.A.
Typed or Printed Name
PRESIDENT
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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