L10000047228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

APR 23 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Olive Properties, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Vicki Trainor
(Contact Person)

First Olive Properties
(Firm/Company)

P.O. Box 8435
(Address)

West Palm Beach FL 33407
(City, State and Zip Code)

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For further information concerning this matter, please call:

Vicki Trainor at (561) 651 7294
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (8/06)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: First Olive Properties, LLC

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: L10000047228

4. I, Thomas D. Trainor (*Print Name of Person Resigning*), hereby resign as a Treasurer (*Print Title*) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Thomas D Trainor
Signature of Resigning Member, Managing Member or Manager

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (5/08)