## "L10000 110592

(Requestor's Name)	
(Address)	30
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

A. LUNT

NOV 24 2010

**EXAMINER** 

Office Use Only



300187939573

11/22/10--01029--008 \*\*25.00

SCORETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Liability Company)
anager resignation and fee(s) are submitted for
s matter to:
20 TAI
CC   Z
2010 NOV 23 AM III: 34 SEGRETARY OF STATE ALLAHASSEE, FLORIDA
D D
please call:
752-5959
(Area Code & Daytime Telephone Number)
he Florida Department of State for: \$55 Filing Fee &
Certified Copy
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 1 of State is: FPT	imited liability company as , LLC.	it appears on the record	s of the Florida DHASS	:
2. This limited liabil Florida	ity company was organized	under the laws of:	SEE, FLORIDA	
3. The Florida docur L10000110	nent/registration number of 592	this limited liability cor	npany is:	
4. I. Kerry Triple	ett nue of Person Resigning)	, hereby resign as a	Managing Member (Print Title)	
of this limited liabi resignation in writ	lity company and affirm the ing.	e limited liability compa	ny has been notified of my	
Day)	4 Oell	ember or Manager	·	
Signature of Resig	ning Member, Managing M	viiiodi vi ivianagoi		