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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	FBD REAL	ESTATE	<u>LLC</u>		
	Name of Limit	ed Liability	Company		
DOCUMENT NUMBER:		<u>L110001</u>	32380		
The enclosed Resignation of Reg for filing.	gistered Agent fo	r a Limited	Liability	Company an	d fee are submitted
Please return all correspondence	concerning this	matter to th	ie followi	ng:	
Tiffany F	Roth				
Name of P	erson				
National Corporate	Research, Ltd.				
Name of Firm/	Company				
615 S Dupo	nt Hwy				
Addres	S				
Dover, DE					
- City/State and	Zip Code				
changes@nation E-mail address: (to be used for fu	nalcorp.com				
E-mail address: (to be used for fu	ture annual report n	otification)			
For further information concerni	ng this matter, pl	ease call:			
Tiffany Roth	at (866)	621-3524	
Name of Person	ai (_	Area Code	& Daytim	e Telephone N	umber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314



Save Resources, Save Postage

Only an electronic copy is needed for our files. When possible, please return filings via email to changes@nationalcorp.com

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	ction 608.416(2) or 608.509, Florida Statutes, the undersigned,	•
National Corp	porate Research, Ltd. , hereby resigns as	
	f Registered Agent	
Registered Agent for	FBD REAL ESTATE, LLC	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Name of Limited Liability Company	,
L110001323	30	
Document Number, if	KNOWN	
A copy of this resignation was r	nailed to the above listed limited liability company at its last kr	nown address.
The agency is terminated and th	e office discontinued on the 31st day after the date on which th	is statement is filed,
	Signature of Resigning Agent	
If signing on behalf of an entity	:	4 SEP
	Florence Spelzhausen	
	Typed or Printed Name	
	Assistant Secretary	PH 2:
-	Capacity	16

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