

L1000143453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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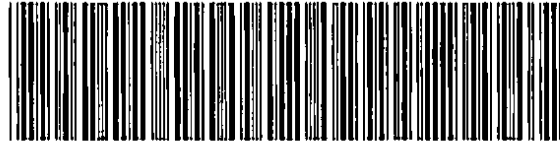
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLOBIRD PROPERTY 1, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L11000143453

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:

Kaitie Sperry
Name of Person
Corporate Direct, Inc.
Name of Firm/Company
2248 Meridian Blvd., Ste H
Address
Minden, NV 89423
City/State and Zip Code
info@corporatedirect.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitie Sperry at (775) 782-2201
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Gerri Detweiler

, hereby resigns as

Name of Registered Agent

Registered Agent for FLOBIRD PROPERTY 1, LLC

Name of Limited Liability Company

L11000143453

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.

Gerri Detweiler

Signature of Resigning Agent

If signing on behalf of an entity:

Gerri Detweiler

Typed or Printed Name

Registered Agent

Capacity

FILING FEES:

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withdrawn limited liability company

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314