# L1100143456

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
, DICK-UP WAIT MAIL
(Business Entity Name)
(======, ====,
(Document Number)
Certified Copies Certificates of Status
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J. HARRIS

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	FLORIKD F	ROPERT	Y Z, LLC	
	Name of Limit	ted Liability	Company	<del></del>
DOCUMENT NUMBER:	L11	000143456	6	<del></del>
The enclosed Resignation of for filing.	of Registered Agent fo	or a Limited	Liability Company and	I fee are submitted
Please return all correspond	lence concerning this	matter to the	e following:	
Kai	tie Sperry			
Nam	e of Person			
Corpora	ate Direct, Inc.			
Name of Firm/Company				
2248 Meri	dian 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 n	otification)		
For further information cor	nceming this matter, p	lease call:		
Kaitie Spe	erry at (	775	782-2201	
Name of Per		Area Code	Daytime Telephone Nu	mber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 se	ction 605.0115, Florida Statutes, the	e undersigned,					
Ger	, hereby resigns as	hereby resigns as					
Name o	, nercey resigns as						
Registered Agent forFLOBIRD PROPERTY 2, LLC							
	Name of Limited Liability Company			,			
L110001434	56						
Document Number, if	known						
A copy of this resignation was	mailed to the above listed limited lia	ability company at its last	known ad	dress.			
- ,	ne office discontinued on the 31st da		this staten		filed		
	Herri Detrue	Agent		2617 1157	n.r		
If signing on behalf of an entity:				177	, e +		
	Gerri Detweiler			7			
	Typed or Printed Name		·				
	Registered Agent			<del></del>			
	Capacity		• •	30			

#### 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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