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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL 32399

EXAMINER  
MAR 5 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FPM TWENTY TWELVE LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK MAY  
(Name of Person)

FPM TWENTY TWELVE LLC  
(Firm/Company)

P.O. Box 33328  
(Address)

Palm Beach Gardens, FL 33420  
(City/State and Zip Code)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MARK MAY at (561) 779-5855  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

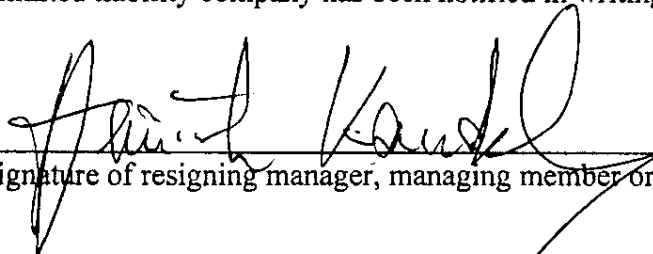
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, HEINRICH KANDEL, hereby resign as Member  
(Title)

of FPM TWENTY TWELVE LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLA.

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

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CLERK OF STATE  
TALLAHASSEE, FL 32314

**FILING FEE IS \$25.00**

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