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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA POTENTIAL PROPERTIES, LLC

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#### **COVER LETTER**

TO: Registration Section Division of Corporations FLORIDA POTENTIAL PROPERTIES, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ASHLEY H. FRALEIGH (Contact Person) FLORIDA POTENTIAL PROPERTIES, LLC (Firm/Company) **POST OFFICE BOX 592** (Address) MADISON, FLORIDA 32341 (City/State and Zip Code) For further information concerning this matter, please call: ASHLEY H. FRALEIGH (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

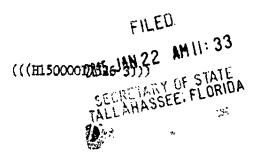
2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

(((m.5000017526 3)))

Tallahassoe, Florida 32314





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	mited liability company as	it appears on the records of the FI ERTIES, LLC	orida Department	
2. The Florida docum L13000064420	nent/registration number as	signed to this limited liability con	npany is:	
3. The Ahis mem	ber/manager withdrew/resi	gned or will withdraw/resign is:	1/16/2015	
4. I, (Print Na) Member	me of Person Resigning)	, hereby withdraw/resign as a		
		e limited liability company has be	en notified of my	
	C. Wetter or Resign	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		;	
		(((H.500001	7526 3)))	

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