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SECAL TARY OF STATE OF STATE OF CORPORATIONS

C. LEVAIS

ANG 6 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

DIVIS	ion of Corporations			
SUBJECT:	FAM DEVELOPMENT GRO	UP, LLC		
	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissoci	ation and fee(s)	are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
AMINE EL-	KHOURY			
	(Contact Person)			
FAM DEVE	LOPMENT GROUP, LLC			
<u> </u>	(Firm/Company)			
4498 SANC	CTUARY LN			
	(Address)			
BOCA RATE	ON, FL 33431			
	(City/State and Zip Code)		`	
For further in	formation concerning this matte	r, please call:		
AMINE EL-I	KHOURY	786 at ()	303 0182	
(Ne	une of Contact Person)		Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} 25 \int \text{Filing Fee} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}}} \$\text{\$\tex				

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

CR2E079 (2/14)



F41.CU SECRETARY OF STATE DIVISION OF CORPORATIONS

14 JUL 24 PM 1:52

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)

FAI	limited liability company as it appears on the records of the Florida Department DEVELOPMENT GROUP, LLC
L140001079	
3. The date this m	
(Print) MANAGING	, hereby withdraw/resign as a management of Person Resigning) MEMBER
	(Print Title)
of this limited linger resignation in w	bility company and affirm the limited liability company has been notified of my
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)