

L1500056714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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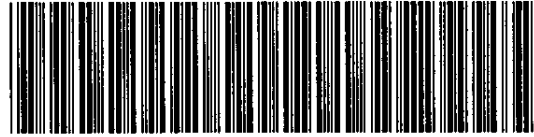
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
DEC 23 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANKLIN CROSSROADS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000056714

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:

SHERRIE HALLOCK
Name of Person

GUNSTER
Name of Firm/Company

280 W. CANTON AVE., SUITE 330
Address

WINTER PARK, FL 32789
City/State and Zip Code

SHALLOCK@GUNSTER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERRIE HALLOCK at (407) 647-7645
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

POHL + SHORT, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for FRANKLIN CROSSROADS, LLC

Name of Limited Liability Company

L 15000056714

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.

POHL + SHORT, P.A.

BY: [Signature]

Signature of Resigning Agent

FRANK L. POHL, VICE PRES.

If signing on behalf of an entity:

FRANK L. POHL

Typed or Printed Name

VICE PRES.

Capacity

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TALLAHASSEE, FLORIDA

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