

215000129815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

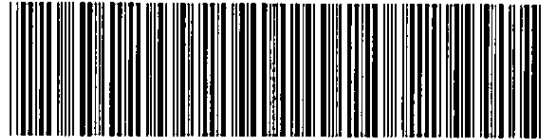
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300317269503

AUG 25 2018

S. YOUNG

18 AUG 21 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FGP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000129815

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:

Peter Hughes

Name of Person

Legal Shelf Company

Name of Firm/Company

3990 Warren Way

Address

Reno, NV 89509

City/State and Zip Code

peter@legalshelfcompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Hughes

Name of Person

at (775) 772-3617

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
18 AUG 21 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

InCorp Services, Inc.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for FGP LLC

Name of Limited Liability Company

L15000129815

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.

Kurt K. Teshima

Signature of Resigning Agent

If signing on behalf of an entity:

Kurt K. Teshima

Typed or Printed Name

President

Capacity

FILED
18 AUG 21 PM 4:43
SECRETARY OF STATE
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