

217 0000 79569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

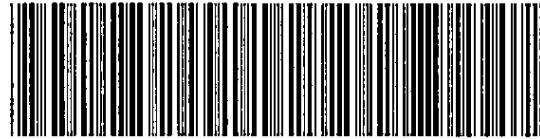
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL 32309

2020 JAN -6 AM 7:22

FILED

JAN 31 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMB PROPERTY INVESTMENTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000079569

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:

STEVEN A. RAMUNNI

Name of Person

STEVEN A. RAMUNNI, P.A.

Name of Firm/Company

110 N. MAIN STREET

Address

LABELLE, FL 33935

City/State and Zip Code

steve@sramunnipa.com

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

For further information concerning this matter, please call:

STEVEN A. RAMUNNI

863

230-2268

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SCOTT G. MCGUIRE

, hereby resigns as

Name of Registered Agent

Registered Agent for FMB PROPERTY INVESTMENTS LLC

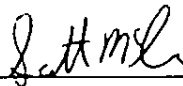
Name of Limited Liability Company

L17000079569

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Scott McGuire

Typed or Printed Name

McG

Capacity

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

FILED
2020 JAN -6 AM 7:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314