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(Requestor's Name)				
(Address)				
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<i>(</i>				
(0) (0) (0)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Calcinosa Lina), realite,				
(Document Number)				
Certified Copies Certificates of Status				
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S TALLENT JUN 28 2019



Dissipar Member

COVER LETTER

~	stration Section sion of Corporations			
SUBJECT:	FS Investment Properties	зЦС		
SOLUCI.	(Name of Limited Liability Company)			
The enclose	d member, resignation or diss	sociation and fee(s) are submitted for filing.	
Please return	n all correspondence concerni	ing this matter to:		
Joseph W	Franz			
	(Contact Person)		_	
FS Investm	nent Properties LLC			
	(Firm/Company)		_	
200 2nd Av	ve S, #480			
	(Address)		_	
St Petersb	urg FL 33701			
	(City/State and Zip Code)		_	
For further i	nformation concerning this n	natter, please call:		
Joseph W	Franz	813 at (928-5530	
1)	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclosed plo ■ \$25 Filin	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy	
	COURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
Clifton Buil	Corporations		Division of Corporations P.O. Box 6327	
	tive Center Circle		Tallahassee, Florida 32314	
	Florida 32301		1 mianasse, 1 longa 52514	

CR2E079 (2/14)



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)

	limited liability company as it appointment Properties, LLC	ears on the records of the Florida Department
2. The Florida doc		to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned o	or will withdraw/resign is:
	INVESTMENTS, LLC	
(Print N	ame of Person Resigning)	and the second s
MGR		
	(Print Title)	
of this limited lia resignation in wr		ed liability company has been notified of my
breg	hat.	anager SECCIONAL
Signature of Di	ssociating Member or Resigning M	
	\$25.00 (Required) \$30.00 (Optional)	PH 3: 56