Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Phone

Account Number : 120050000052 : (850)656-7956

Fax Number

: (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION F & A REALTY HOLDING, LLC

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Corporate Filing Menu

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COVER LETTER

Division of Corporations
SUBJECT: F & A REALTY HOLDING, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L17000121122
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:
Amanda Archambault
Name of Person
INCORPORATING SERVICES, LTD.
Name of Firm/Company
3500 SOUTH DUPONT HIGHWAY
Address
DOVER, DE 19901
City/State and Zip Code
aarchambault@incserv.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
800 346-4646
Name of Person at (
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

INHS17 (2/14)

H19000057003 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida Statutes	s, the undersigned,	10 to 1
INCORPORATING S	SERVICES, LTD.	, hereby resigns as	10000000000000000000000000000000000000
	Name of Registered Agent		至 9
Registered Agent for F 8	A REALTY HOLDING, LLC	<u> </u>	- SS - R
			7.00. 4
	Name of Limited Liability Compa	ny	Ser &
L17000121122			P
Document Nun	nber, if known		
-	n was mailed to the above listed limits and the office discontinued on the 31		
	Affachamba Signature of Resign	ning Agent	
If signing on behalf of an	entity:		
	AMANDA ARCHAN	/BAULT	
	Typed or Printed Nam	ee	
	ASSISTANT SECR	ETARY	
	Capacity		

FULING \$ 85.00 \$ 25.00

STATES STATES STATES A CTIVE limited liability company | 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

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