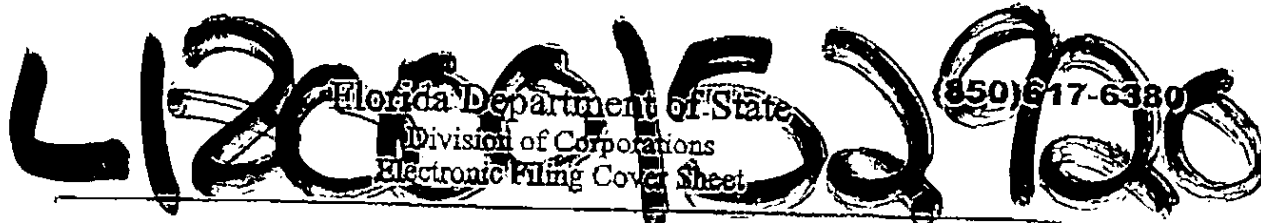


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FAX No.

P. 001



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : SERFATY LAW, P.A.
Account Number : 120060000161
Phone : (305) 722-8555
Fax Number : (305) 722-9555

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

Email Address: **CPAGANI@SERFATYLAW.COM**

**REGISTERED AGENT RESIGNATION
FRFL HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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(850)617-6380

TO: Registration Section
Division of Corporations

SUBJECT: FRFL HOLDINGS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000152920

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:

CHARLES S SERFATY

Name of Person

SERFATY LAW PA

Name of Firm/Company

4770 BISCAYNE BOULEVARD SUITE 1430

Address

MIAMI, FL 33137

City/State and Zip Code

CSERFATY@SERFATYLAW.COM

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

For further information concerning this matter, please call:

SIOLY RODRIGUEZ

at (305) 722-9999

Name of Person

Area Code Daytime Telephone Number

THE FILING FEE PAYMENT WAS CHARGED TO OUR E-FILE ACCOUNT

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

(850)617-6380

(850)617-6380**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

CHARLES S. SERFATY

Name of Registered Agent

, hereby resigns as

Registered Agent for **FRFL HOLDINGS LLC**

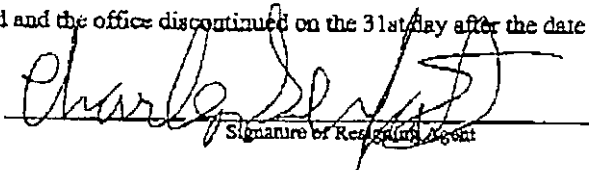
Name of Limited Liability Company

L18000152920

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:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability companyMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DNES17 (2/14)

(850)617-6380