L19000229991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FM MANAGEMENT LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renee Burrus
Name of Person

RE/MAX Town Centre
Firm/Company

330 E. Central Blvd.
Address

Orlando, FL 32801
City/State and Zip Code

reneeburrus@rtcglobal.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENEE BURRUS at (407) 443-3959
Name of Person — Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

■ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)