

M 060000007141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

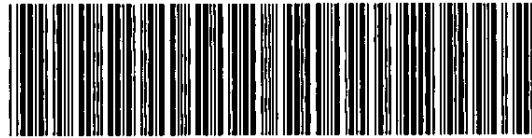
(Business Entity Name)

(Document Number)

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RECEIVED
09 SEP 30 AM 10:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 30 PM 1:22

B. KOHR

SEP 30 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 140736 7525808

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
DIVISION OF CORPORATIONS
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ORDER DATE : September 29, 2009

ORDER TIME : 4:38 PM

ORDER NO. : 140736-005

CUSTOMER NO: 7525808

RESIGNATION OF AGENT

NAME: FAE HOLDINGS 361820R, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER: _____

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Coralee G. Penabad, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for FAE Holdings 361820R, LLC

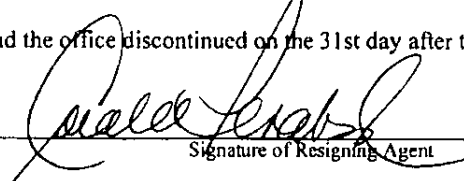
Name of Limited Liability Company

M06000007141

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withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314