

M10000002820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C.L.
3-9-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST FAIRWAY FUND, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M10000002820

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:

MARK EISENTHAL
Name of Person

BILLBOARD PROPERTY GROUP
Name of Firm/Company

7 UNION PLACE, STE 2
Address

SUMMIT, NJ 07901
City/State and Zip Code

mbeinc1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

gfgf MARK EISENTHAL at 973 985-1246
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

CHECK
#1154

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAR -5 AM 8:07

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

INCorp SERVICES, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for FIRST FAIRWAY FUND, LLC

Name of Limited Liability Company

1410000002820
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Natalie Bates for Incorp Services, Inc.
Typed or Printed Name

Authorized Representative
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withdrawn limited liability company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