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COVER LETTER

SUBJECT: F	P BROGAN-SANIBEL ISLAND LLC Name of Limited Liability Company	
DOCUMENT NUMBER:_	M1200006698	
The enclosed Resignation of for filing.	egistered Agent for a Limited Liability Company a	nd fee are submitted
Please return all corresponde	ce concerning this matter to the following:	
Annie	Straub	
Name o	Person	
	Research, Ltd., Inc.	
Name of Fi	n/Company	
850 New Burton	Road, Suite 201	
Add	ess	
	E 19904	
City/State a	d Zip Code	
astraub@nat	onalcorp.com future annual report notification)	
·	•	
For further information conce	ning this matter, please call:	
Annie Straub	at (<u>866</u>) 621-3524 Area Code & Daytime Telephone ?	
Name of Perso	Area Code & Daytime Telephone !	Number

MAILING ADDRESS:

Amendment Section : "Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections	on 608.416(2) or 608.509, Florida Statutes, the undersigned,	
	e Research, Ltd., Inc. , hereby resigns as egistered Agent	
Name of r	zgisiereu Agent	
Registered Agent for	FP BROGAN-SANIBEL ISLAND LLC	
	Name of Limited Liability Company ,	
M1200000669		
Document Number, if kn	wn	
-	office discontinued on the 31st day after the date on which this statement is file	d.
If signing on behalf of an entity:	Florence Spelzhausen Typed or Printed Name Assistant Secretary	
	Capacity ORA	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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