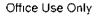
M13000003200

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu:	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

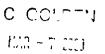




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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	FRANK RE PROPERTY MANAGEMENT LLC			
SOBJECT		Name of Limi	ted Liability	Company
DOCUMENT	`NUMBER:	M13000003200	1	
The enclosed I for filing.	Resignation of Reg	istered Agent fo	or a Limited	Liability Company and fee are submitted
Please return a	ill correspondence	concerning this	matter to th	ne following:
RESIGNATION	DEPARTMENT			
	Name of Pe	rson		
CORPORATION	N SERVICE COMPAN	Y		
	Name of Firm/C	Company		
80 STATE STRE	EET			
	Address	***		
ALBANY NY	12207			
	City/State and Z	Lip Code		
RESIGN@CSCC	GLOBAL.COM			
E-mail addr	css: (to be used for fut	ure annual report r	notification)	
For further info	ormation concernir	ig this matter, p	lease call:	
RESIGNATION	DEPARTMENT	at (518	433/7018)
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the under	ersigned,			
CORPORATION SERV	ICE COMPANY	, hereby resigns as			
	Name of Registered Agent	Hereby resignation			
Registered Agent for _	FRANK RE PROPERTY MANAGEMENT LLC				
	Name of Limited Liability Company	·			
M13000003200					
Document N	fumber, if known				
A copy of this resignati	ion was mailed to the above listed limited liability	company at its last known address.			
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement is file	d.		
	Poly Molt Signature of Resigning Agent	2823 FS			
If signing on behalf of an entity:					
	BY ROBIN MOLT	Э			
	Typed or Printed Name				
	ASST SECRETARY		·		
	Capacity	<u> </u>			

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