| (Requestor's Name) | | |
|---|-------------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



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02/27/09--01024--018 **85.00

C. LEWIS

MAR - 2 2009

EXAMINER

CFRA, LLC

REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10th Floor Tampa, Florida 33607-5736 Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

February 25, 2009

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT - DELPAR LLC

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Delpar LLC. Also enclosed is Carlton Fields' Check No. 461766 in the amount of \$85.00 for the filing fee.

Very Truly Yours,

Jøy¢e*ff.* Bentubo

Secretary

JFB/jab Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 608.416(2) or 608.50 | 19, Florida Statutes, the undersigned, |
|---|--|
| CFRA, LLC | , hereby resigns as |
| (Name of Registered Agent) | |
| Registered Agent for Delpar LLC | |
| (Name of Limited Liability | Company) |
| L06000055041 | |
| (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 | he 31st day after the date on which this statement is filed. |
| Jane J. | Barrelia |
| If signing on behalf of an entity: | Resigning Agent) |
| Joyee F. Bentubo | ALLAHASS FIL |
| (Typed or Printe | ed Name) |
| Secretary | <u> </u> |
| (Capacity) | |
| | ORIGINAL CONTRACTOR OF THE CON |

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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