

L10000104638 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

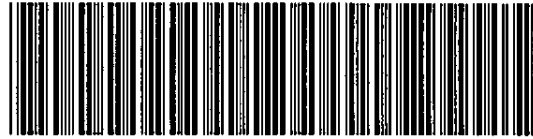
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11/18/13--01035--010 \*\*325.00

2013 NOV 18 PM 5:06  
TALLAHASSEE, FLORIDA

B. BOSTICK  
NOV 19 2013  
EXAMINER

# CFRA, LLC

A Subsidiary of CARLTON FIELDS

## Registered Agent Services

100 S. Ashley Drive | Suite 400

Tampa, Florida 33602

P. O. Box 3239 | Tampa, Florida 33601-3239

813.223.7000 | fax 813.229.4133

November 14, 2013

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

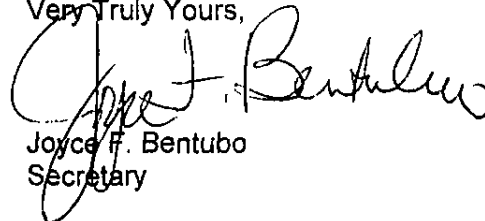
Re: **RESIGNATION OF REGISTERED AGENT –**  
**S&P HOLDINGS, LLC**  
**AAD COLLECTIVE, LLC**  
**DARK SENSATIONS, LLC**  
**FLORIDA SEO DESIGN, LLC**  
**PENHA IMAGE DUTY FREE LTD**  
**MCALISTER GROUP LLC**  
**GK FAMILY, LTD**  
**ASPORTS BR LLC**

RECEIVED  
TALLAHASSEE, FLORIDA  
NOV 14 2013

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 542715 totaling \$325.00 for the filing fees for these entities.

Very Truly Yours,



Joyce F. Bentubo  
Secretary

JFB/ylc  
Enclosures

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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**CFRA, LLC**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **MCALISTER GROUP LLC**

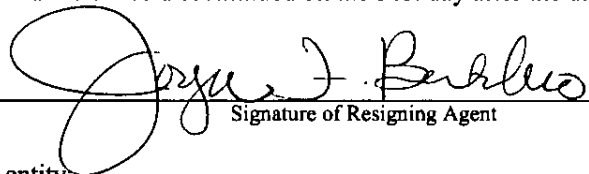
\_\_\_\_\_  
Name of Limited Liability Company

**L10000104638**

\_\_\_\_\_  
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:

**JOYCE F. BENTUBO**

\_\_\_\_\_  
Typed or Printed Name

**SECRETARY**

\_\_\_\_\_  
Capacity

2013 NOV 18 PM 5:06  
TALLAHASSEE, FL 09007

**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**