070000606

(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



500144569385

02/27/09--01024--020 **85.00



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 - TOWER 702, LLC

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Tower 702, LLC. Also enclosed is Carlton Fields' Check No. 461768 in the amount of \$85.00 for the filing fee.

- I figure

Very Truly Yours

Yoyce ♥. Bentubo Secretary

JFB/jab Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509), Florida Statutes, the undersigned,
CFRA, LLC	, hereby resigns as
(Name of Registered Agent)	,, ,, ,
Registered Agent for Tower 702, LLC	
(Name of Limited Liability C	Company)
L07000060692	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed lin	mited liability company at its last known address.
The agency is terminated and the office discontinued on the (Signature of R	tula
If signing on behalf of an entity:	L CR FE
Joyce F. Bentubo	SECRETARY OF LLARASSEE.
(Typed or Printed	Name)
Secretary	
(Capacity)	149 149

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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