

A07000001071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

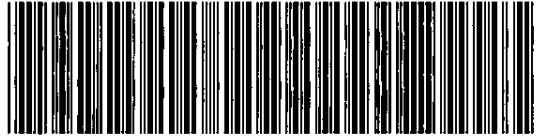
(Business Entity Name)

(Document Number)

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

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2010 FEB 26 P 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Theris  
3-4-10

**CFRA, LLC**  
**REGISTERED AGENT SERVICES**  
**A SUBSIDIARY OF CARLTON FIELDS**

Corporate Center Three at International Plaza  
4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor  
Tampa, Florida 33607-5736

Mailing Address:  
P. O. Box 3239  
Tampa, Florida 33601-3239  
Tel (813) 223-7000 Fax (813) 229-4133

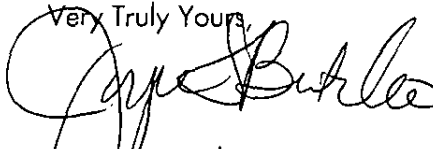
February 24, 2010

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

**Re: RESIGNATION OF REGISTERED AGENT -**  
**WELCOME TO ORLANDO, INC.**  
**WILLIAM J. GREEN FAMILY, LTD.**  
**YEAGER PROPERTIES LLC**  
**WILLIAM J. GREEN MANAGEMENT, LLC**  
**SARTORIUS FLORIDA INVESTMENTS, LLC**

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 482727 in the amount of \$250.00 for the filing fees for these entities.

Very Truly Yours,  
  
Joyce R. Bentubo  
Secretary

JFB/jab  
Enclosures

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

**CFRA, LLC**

\_\_\_\_\_, hereby resigns as  
(Name of Registered Agent)

Registered Agent for **William J. Green Family, Ltd.**  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**A07000001071**

\_\_\_\_\_  
(Florida Document Number, if known)

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

**Joyce F. Bentubo**

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

**Secretary**

\_\_\_\_\_  
Capacity

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TALLAHASSEE, FLORIDA

**Filing Fee: \$87.50**  
**Certified Copy (optional): \$52.50**

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