103000021826

(Requestor's Name)
(Address)
(Address)
(C'ta)(Chata)(Zin/II)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3/3 -P/A Rusign
1 03-21826

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CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields

PHYSICAL ADDRESS: 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

March 1, 2005

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

Ra.

Resignation of Registered Agent – 5006 SW 136th Avenue, LLC; 4960 SW 136th

Avenue, LLC; and 4938 SW 135th Avenue, LLC

Gentlemen:

Please find enclosed three Resignation of Registered Agent forms for 5006 SW 136th Avenue, LLC; 4960 SW 136th Avenue, LLC; and 4938 SW 135th Avenue, LLC. Also enclosed is Carlton Fields' Check No. 361769 in the amount of \$255.00 for the filing fees.

Very truly yours,

oyce∀. Bentubo

Administrative Assistant

JFB/mlb Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	CFRA, LLC		hereby resigns as		
	(Name of registered	l agent)	•		
Registered Agent for	5006 SW 136 TH AVENUE, LLC				
		imited Liability Company)	·	_ ·	
A copy of this resignation	was mailed to th	ne above listed corporation	at its last known addr	ess.	
The agency is terminated a	and the office dis	scontinued on the 31st day	after the date on which	h this	
statement is filed.	A	,			
		7			
	(Signati	ure of resigning agent)	 .		
If signing on behalf of an e	entity:				
	Deter 1	1. Winders			
•	(Турс	ed or Printed Name)	_		
	Vine C	resident			
•	3.0.0	(Capacity)	· ·		
	FILING	Trrrs.		0	
	\$85.00	Active corporation	,	<u>ဘ</u>	
	\$25.00	Administratively dissolv	ed corporation	AR.	
				05 MAR -3 PM 4: 45	
Make cl	hecks pavable to F	Torida Department of State an	d mail to:	PH :	
Division of Corporations			2	<u>.</u>	
		P.O. Box 6327 ahassee, FL 32314		£0	

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