

W030000021827

CFRA, LLC

(Requestor's Name)

P.O. Box 3239

(Address)

(Address)

Tampa, FL 33601

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

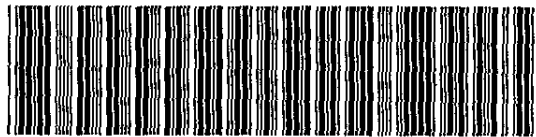
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/3 - MA Redign

L03-21827

Office Use Only



300047217983

MJH

03/03/05--01034--012 **255.00

RECEIVED FLORIDA

05 MAR -3 PM 4:45

FILED

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

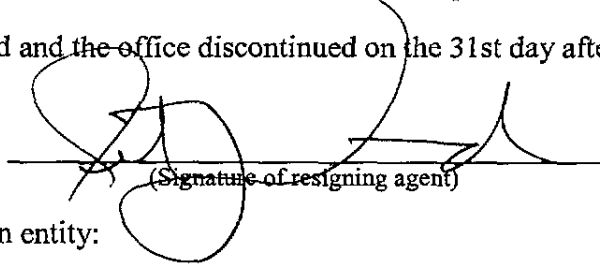
Pursuant to the provisions of sections 608.416(2) or 608.509, Florida Statutes, the undersigned,

_____ CFRA, LLC _____ hereby resigns as
(Name of registered agent)

Registered Agent for _____ 4938 SW 135TH AVENUE, LLC _____
(Name of Limited Liability Company)

A copy of this resignation was mailed to the above listed corporation 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:

_____ Peter J. Winders _____
(Typed or Printed Name)

_____ Vice President _____
(Capacity)

FILING FEES::

\$85.00 Active corporation

\$25.00 Administratively dissolved corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

INHS17(10/99)

FILED
05 MAR -3 PM 4:45
TALLAHASSEE, FLORIDA