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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
. PICK-UP	MAIT	MAIL
<u>-</u> (Bu:	siness Entity Nar	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:]

Office Use Only



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PARON AND

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

April 4, 2011

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

Re: RESIGNATION OF REGISTERED AGENT -

BOCA C&G RE LLC BUCKLEY REALTY, INC FANTASY TAN, INC.

J SCOTT DONALD & ASSOCIATES, LLC

OAKWOOD CAPITAL, LLC

P.M.N.C. UROLOGY RESEARCH CENTER OF SOUTH FLORIDA, INC.

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 502992 totaling \$352.50 for the filing fees for these entities.

Var. 7

Joyce|F. Bentul

JFB/kmt Enclosures

CFRA, ELC (CFRA) is not a law firm, but a company whose sole function is to serve as Registered Agent. While CFRA serves primarily clients of Carlton Fields, service by CFRA as registered agent does not by itself create an attorney/client relationship with either CFRA or Carlton Fields, and service as registered agent does not constitute the practice of law. Service by CFRA as registered agent does not, by itself, create a conflict of interest on the part of Carlton Fields that would prevent Carlton Fields from representing an adverse party in an unrelated legal matter.

18539478.1

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

Pursuant to the provision	ns of section 608.416(2) or 608.	.509, Florida Statutes, the undersigned	d,		
CFRA, LLC		, hereby resigns as	, hereby resigns as		
	Name of Registered Agent				
Registered Agent for	J SCOTT DC	DNALD & ASSOCIATES, LLC		<u> </u>	
•	Name of Limited Liabili	ty Company		,	
L03000	0023494				
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the above liste	d limited liability company at its last	known addr	ess.	
The agency is terminated	d and the office discontinued or	the 31st day after the date on which	this stateme	ent is f	iled.
If signing on behalf of a	110	Schlw of Resigning Agent			
	Joyce F E				
	Typed or Prin		ALC SEC		
	Secre Capacity	-	30+ 23 22: (1)	TAPE -	· suppris
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			in C	7	-
	FILING FEES: \$ 85.00 Active 1 \$ 25.00 Admini withdra	limited liability company stratively dissolved/voluntarily diss awn limited liability company	STATE ORIDA	PM 1: UU	

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