## 1030000339949

Mailing Address:				
P. O. Box 3239				
Tampa, Florida 33601-3239 Tel (813) 223-7000 Fax (813) 229-4133				
Ter (010) 220 7000 Tax (010) 227 4100				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of Status				
Certified copies				
Special Instructions to Filing Officer:				
•				
ĺ				

Office Use Only



700191846407

700191846407 01/20/11--01022--005 \*\*\*307.50

TALLAHASSEE, FLORID

D. BRUCE
JAN 21 2011
EXAMINER

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	CFRA, LLC	, hereby resigns as	
	Name of Registered Agent	. , ,	
Registered Agent for		TCC, LLC	<del></del>
	Name of Limited Liability C	Company	·
	0033949 umber, if known		
A copy of this resignation	on was mailed to the above listed li	mited liability company at its last known address	S.
The agency is terminate  If signing on behalf of a	Signature of R	3 1st day after the date on which this statement	11 _
	Joyce F. Ber	ntubo AA	₹ T
		Name	
	Typed or Printed	1,000	<b>—</b> 1
	Typed or Printed Secretar	LLI COLLEGE	3 III

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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