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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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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

October 27, 2009

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

Re: RESIGNATION OF REGISTERED AGENT - UP 4 GRABS, LLC

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Up 4 Grabs, LLC. Also enclosed is Carlton Fields' Check No. 476239 in the amount of \$25.00 for the filing fee.

Very Truly Yours,

Joyge F./ Bentubo

Segretary

JFB/jab Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416	(2) or 608.509, Florida Statutes, the undersigned,	
CFRA, LLC	, hereby resigns as	
(Name of Registered Age		mpany) SECRETARY SIGNIFICARY SIGNIFICATION SECRETARY SIGNIFICATION SIGNIFICATION SIGNIFICATION SECRETARY SIGNIFICATION SIGNIFICATION SECRETARY SIGNIFICATION
Registered Agent for UP 4 GRABS, I	LLC	
01		
(Name of Lir	nited Liability Company)	
L03000040245		
(Document Number, if known)		
A copy of this resignation was mailed to the a	bove listed limited liability company at its last known a	ddress.
If signing on behalf of an entity:	Horizontinued on the 31st day after the date on which this state Horizonte (Signature of Resigning Agent)	ment is filed.
Joyce F. Bent	ubo	
·	Typed or Printed Name)	
Secretary		0
	(Capacity)	927
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	ORFORATION OF THE CONTROL OF THE CON

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