## 103000042921

(Requestor's Name)		
CARLTON FIELDS  ATTORNEYS AT LAW  P.O. Box 3239 Tampa, Florida 33601-3239		
(City/State/Zip/Phone #)		
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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of sections 608.416(2) or 608.509, Florid	a Statutes, the undersigned,
	CFRA, LLC	hereby resigns as
	(Name of registered agent)	
Registered Agent for	Citrus Surgery Center Physicians Real (Name of Limited Liability Company)	ty, LLC
	n was mailed to the above listed corporation  I and the office discontinued on the 31st day	
statement is filed.	(Signature of resigning agent)	3EC 34.
If signing on behalf of a	Peter J Winders (Typed or Printed Name)	TIL
	Vice President	2: 25 STATE LORID

## **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)