

**LD4000034508**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

DEC 28 2007

**EXAMINER**

Office Use Only



**500113376855**

12/26/07 -01014--020 \*\*25.00

2007 DEC 26 PM 5:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**CFRA, LLC**  
**REGISTERED AGENT SERVICES**  
A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza  
4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor  
Tampa, Florida 33607-5736

Mailing Address:  
P. O. Box 3239  
Tampa, Florida 33601-3239  
Tel (813) 223-7000 Fax (813) 229-4133

December 21, 2007


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

**Re: RESIGNATION OF REGISTERED AGENT – NEREID SEASHELL DESIGNS, LLC**

Dear Sir:

Please find enclosed a Resignation of Registered Agent form for Nereid Seashell Designs, LLC. Also enclosed is Carlton Fields' Check No. 432989 in the amount of \$25.00 for the filing fee.

Very Truly Yours,

  
Joyce F. Bentubo  
Secretary

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**

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **Nereid Seashell Design, LLC**

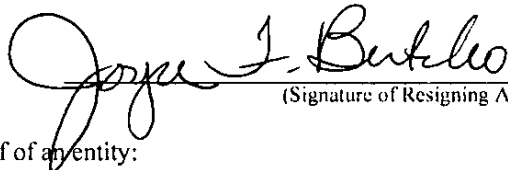
(Name of Limited Liability Company)

**L04000034508**

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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:

**Joyce F. Bentubo**

(Typed or Printed Name)

**Secretary**

(Capacity)

**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withdrawn limited liability company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**

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