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SECRETARY OF STATE DIVISION OF CORPORATIONS

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

November 27, 2006

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

Re: RESIGNATION OF REGISTERED AGENT

Dear Sir:

Please find enclosed Resignation of Registered Agent forms for the entities named below, as well as a check from Carlton Fields for each resignation. Please do not hesitate to contact me should you have any questions.

Advocates for Children's Innocence, Inc.	# 0405676	\$35.00
Alison Calkins, MD, PA	# 0405681	\$35.00
Armet Armored Vehicles, Inc.	# 0405674	\$87.50
F.A.W.Z. Enterprises, LLC	# 0405677	\$85.00
HCC Enclosures, LLP	# 0405680	\$8 <i>7.5</i> 0
Mateu Orlando, LLC	# 0405682	\$25.00
The Pointe at Kings Avenue Condominium Association, Inc.	# 0405679	\$35.00
Prestige Plan Admin US, Inc.	# 0405675	\$87.50
TL&S, LLC	# 0405678	\$25.00

Very Truly Yours,

Joyce/F/ Bentubo

Administrative Assistant

JFB/rpd Enclosures

CFRA, LLC (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.

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.50	9, Florida Statutes, the undersigned,	
	CFRA, LLC	, hereby resigns as	
(N	ame of Registered Agent)		92.0
Registered Agent for	MATEU ORLANDO LL	C	OS NON 29 PAIS: 32
	(Name of Limited Liability Co	mpany)	7 29 F
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(Document Number	er, if known)		ري
		ited liability company at its last known at its	
If signing on behalf of an o	entity: NATHANIEL (Typed or Printe	L. DOLINER	
	VICE-PRESID	ENT	
	(Capacit	y)	

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