## L0500006301

| (Requestor's Name)                      |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
| (Dusiness Littly Name)                  |  |  |  |  |
| •                                       |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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**09 AUG 31 PM 1: 2:** SECRETARY OF STATI ALL'AHASSEE, ELORIO

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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, 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

August 28, 2009

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

Re: RESIGNATION OF REGISTERED AGENT - TRI-COUNTY ROAD VENTURES, LLC

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Tri-County Road Ventures, LLC. Also enclosed is Carlton Fields' Check No. 472683 in the amount of \$85.00 for the filing fee.

Very Truly Yours,

oyce F. Bentubo

Secretary

JFB/jab Enclosures

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis       | ions of section 608.416(   | (2) or 608.509, Florida Statutes, | the undersigned,   |
|------------------------------|----------------------------|-----------------------------------|--|
| CFRA, LLC, hereby resigns as |                            |                                   |  |
|                              | (Name of Registered Age    |                                   |  |
| Registered Agent for         | Tri-County Roa             | d Ventures, LLC                   |  |
| 1-                           | (Name of Lir               | nited Liability Company)          | ,  |
| L0500000630                  | 1                          |                                   |  |
| (Document Nu                 | mber, if known)            |                                   |  |
| A copy of this resigna       | ition was mailed to the a  | bove listed limited liability com | pany at its last known address.  |
| The agency is termina        | ated and the office discon | ntinued on the 31st day after the | e date on which this statement is filed.  FILI FILI ARTICLE AR |
| If signing on behalf o       | f an entity!               |                                   | Fig. 22 D  |
|                              | Jøyce F. Bent              | tubo                              | 1: 23 SIATE FLORID   |
|                              | `                          | Typed or Printed Name)            | RE 23  |
|                              | Secretary                  | i                                 |  |
|                              |                            | (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