## L050000006991

| (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: |
|   |
|   |
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09/13/11--01028--001 \*\*427.50

SECRETARY OF STATE

J. BRYAN

SEP 1 4 2011

**EXAMINER** 

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

| Pursuant to the provisions of | of section 608.416(2) or 608.50   | 9, Florida Statutes, the undersign | gned,                        |
|-------------------------------|-----------------------------------|------------------------------------|------------------------------|
| CFRA, LLC                     |                                   | , hereby resigns                   | s as                         |
| Na                            | me of Registered Agent            | , , , c                            |                              |
| Registered Agent for          | <u> </u>                          |                                    |                              |
|                               | Name of Limited Liability (       | Сотрапу                            | ,                            |
| L0500000                      | <del></del>                       |                                    |                              |
| Document Number               | er, if known                      |                                    |                              |
| A copy of this resignation v  | vas mailed to the above listed l  | imited liability company at its l  | ast known address.           |
| The agency is terminated ar   | nd the office discontinued on the | ne 31st day after the date on whi  | ich this statement is filed. |
| If signing on behalf of an er | // //                             | Sufulio Resigning Agent            | SECRETAR<br>SECRETAR         |
| _                             | Joyce F. Be Typed or Printed      |                                    | SE P I                       |
|                               | Secreta                           | ry                                 | PH Z:                        |
|                               | Capacity                          |                                    | <b>三</b>                     |

Active limited liability company
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