

L:05000010682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

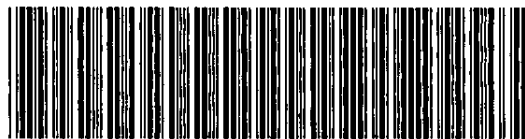
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2013

J. BRYAN

CFRA, LLC

A Subsidiary of CARLTON FIELDS

Registered Agent Services

100 S. Ashley Drive | Suite 400
Tampa, Florida 33602

P. O. Box 3239 | Tampa, Florida 33601-3239
813.223.7000 | fax 813.229.4133

July 24, 2013

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

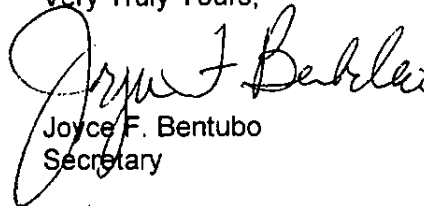
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

**Re: RESIGNATION OF REGISTERED AGENT -
ARFS HOLDINGS, LLC; CINQUE LUNE, LLC; DRS. CORIN AND GOLDBERG,
M.D., P.A.; EBIZ AMERICA SOLUTIONS LLC; FRIENDS OF UTD MONTESSORI
SATELLITE LEARNING CENTER, INC.; HUNTERS GLEN OF DUNEDIN, INC.;
MPIB, LIMITED LIABILITY COMPANY; MANUAL MEDICINE CENTER, INC.;
MEXICAN INVESTMENTS, LLC; MIAMI-DADE CHARTER SCHOOLS, INC.;
MICHELE MATHEWS & ASSOC, LLC; MOTIVATION SERVICES SARL, LLC;
NEW LIFE DWELLING PLACE, INC.; PALM WEST BUSINESS PARK, INC.; THE
PARENT NETWORK, LLC; VITALITY BEVERAGES, INC.**

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 538413 totaling \$480.00 for the filing fees for these entities.

Very Truly Yours,


Joyce F. Bentubo
Secretary

JFB/lrf
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

Registered Agent for THE PARENT NETWORK, LLC

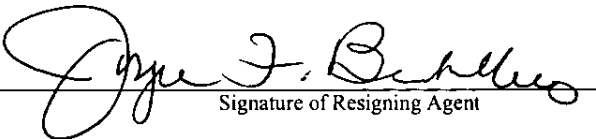
Name of Limited Liability Company

L05000010682

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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