## LD600058dd4

(Requestor's Name)		
(Address)		
(A-1-1)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(business Ethity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
JUL:1 8 2013		
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L. SELLERS		

Office Use Only



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SECRETARY OF STATE
FALLARASSEE, FLORIB!

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
CFRA, LLC	, hereby resigns as	
7	Name of Registered Agent	
Registered Agent for _	TDMK, LLC	
	Name of Limited Liability Company	
L05000058664	4	
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability company at its last known address.	
The agency is terminat	ed 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:** 

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314