# L0500087278

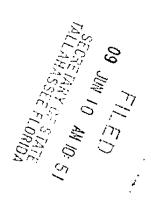
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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## 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

June 8, 2009

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

Re: RESIGNATION OF REGISTERED AGENT - SHOPPES AT NORFOLK, LLC

#### Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Shoppes at Norfolk, LLC. Also enclosed is Carlton Fields' Check No. 467958 in the amount of \$85.00 for the filing fee.

Joseph A. Borrero for Joyce F. Bentubo

Secretary

JFB/jab Enclosures

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

Pursuant to the provisions of section 608.4	16(2) or 608.509, Florida Statutes, the undersigned,
CFRA, LLC	, hereby resigns as
(Name of Registered	Agent)
Registered Agent for Shoppes at N	lorfolk, LLC
	,
(Name of	Limited Liability Company)
L050000827278 (Document Number, if known)	
A copy of this resignation was mailed to the	ne above listed limited liability company at its last known address.
The agency is terminated and the office dis	scontinued on the 31st day after the date on which this statement is filed.
Jen	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Joyce F. Be	ntubo
	(Typed or Printed Name)
Secretary	
	(Capacity)  ORDA  ORDA

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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