

**LD.000019207**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

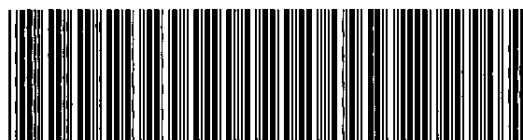
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

**AUG 24 2010**

**EXAMINER**



**000184525320**

08/20/10--01003--015 \*\*100.00

**FILED**  
**10 AUG 20 AM 5:23**  
**CLERK OF COURT**  
**TALLAHASSEE, FLORIDA**

**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 18, 2010

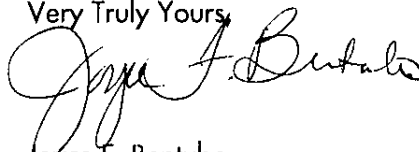
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: RESIGNATION OF REGISTERED AGENT –  
NEW NAVARRE BEACH, LLC  
1501 OCEAN PALMS CONDOMINIUM, LLC  
2404 TURNBERRY OCEAN COLONY SOUTH, LLC  
995 CAPTIVA DRIVE, LLC**

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 492222 in the amount of \$100.00 for the filing fees for these entities.

Very Truly Yours,

  
Joyce F. Bentubo  
Secretary

JFB/jab  
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)

, hereby resigns as

Registered Agent for New Navarre Beach, LLC

(Name of Limited Liability Company)

L06000019207

(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.

Joyce F. Bentubo  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Joyce F. Bentubo

(Typed or Printed Name)

Secretary

(Capacity)

FILED  
10 AUG 20 AM 5:23  
TALLAHASSEE, FLORIDA

### **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