

L06000059540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

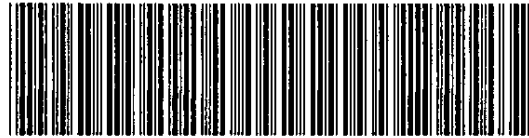
(Business Entity Name)

(Document Number)

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

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Office Use Only



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02/24/11--01028--004 \*\*290.00

FILED  
2011 FEB 24 A 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
New  
2-28-11

**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

February 18, 2011

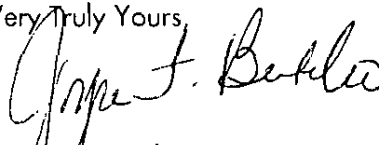
*Division of Corporations*  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: RESIGNATION OF REGISTERED AGENT –**  
**ASHMEAD & WHITE CONSULTING, INC.**  
**CAPATARA U.S., INC.**  
**SPORTSMARK, LLC**  
**BARISH LEISURE, LLC**  
**BANANAVEL MANAGEMENT, LLC**  
**MELOSA MANAGEMENT, LLC**

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 501124 totaling \$290.00 for the filing fees for these entities.

Very Truly Yours,



Joyce F. Bentubo  
Secretary

JFB/kmt  
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

BANANAVEL MANAGEMENT, LLC

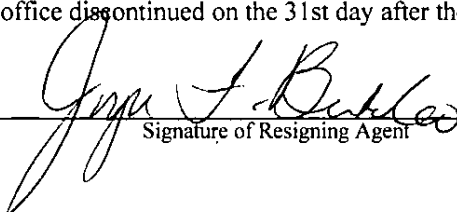
Name of Limited Liability Company

L06000059540

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/<br>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**

**FILED**  
201 FEB 24 A 10:55  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE