(F	Requestor's Name)
(/	Address)
(/	Address)
. (0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
J)	Business Entity Name)
I)	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filling Officer

L. SELLERS

JAN 1 9 2010

EXAMINER

Office Use Only



800164000308

01/15/10--01008--021 **247.50

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	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for Blue Orange Pro	perties, LLC
(Name of Limite	ed Liability Company)
L06000075878	•
(Document Number, if known)	_
A copy of this resignation was mailed to the abo	ve listed limited liability company at its last known address.
(Some =	nued on the 31st day after the date on which this statement is filed. Language of Resigning Agent)
If signing on behalf of an entity:	
Joyce F. Bentul	00
· • •	ed or Printed Name)
Secretary	
	(Capacity)

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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