

L06000094629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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04/09/09--01030--024 **85.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR -9 PM 4:18

FILED

RA Resign
Tewis
4-14-09

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza
4221 W. Boy Scout Blvd, 10th Floor
Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

April 7, 2009

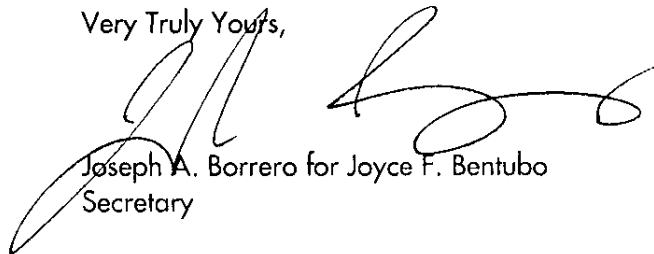
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT – COMMUNITY CARE NURSING, LLC

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Community Care Nursing, LLC. Also enclosed is Carlton Fields' Check No. 463984 in the amount of \$85.00 for the filing fee.

Very Truly Yours,



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 608.416(2) or 608.509, Florida Statutes, the undersigned,

CFRA, LLC

(Name of Registered Agent)

Registered Agent for Community Care Nursing, LLC

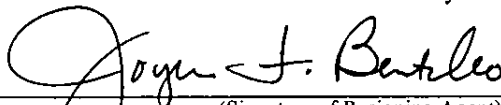
(Name of Limited Liability Company)

L06000094629

(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/ 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

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