

01/08/2015 12:20 FAX

Division of Corporations

0001002

Page 1 of 1

(((H15000005987 3)))

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000005987 3)))



H150000059873A5C2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CARLTON FIELDS  
Account Number : 076077030355  
Phone : (813) 223-7000  
Fax Number : (813) 223-4133

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN -8 AM 10:23

LLC REGISTERED AGENT RESIGNATION  
ROBIN LAKES, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

RECEIVED  
15 JAN -8 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

(((H15000005987 3)))

CL  
1-9-15

01/08/2015 12:20 FAX

002/002

(((H15000005987 3)))

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CFRA, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for ROBIN LAKES, LLC

Name of Limited Liability Company

L06000101408

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withdrawn limited liability company |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

DHS17 (2/14)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN -8 AM 10:23

(((H15000005987 3)))