L06 000114938

	(Requestor's Name)			
	(Address)	 		
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		

Special Instructions to Filing Officer:

A. LUNT

JUL 23 2011

EXAMINER

Office Use Only



600237025296

07/20/12--01025---004 **432.50



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 608.416(2) or 608	3.509, Florida Statutes, the under	rsigned,
Nar	CFRA, LLC	, hereby resi	gns as
Registered Agent for	PROJECT DEV	ELOPMENT ENTERPRIS	E, LLC
	Name of Limited Liabil	ity Company	······································
L0600011	4938		
Document Number	, if known		
-		ed limited liability company at in	3 . ~
The agency is terminated an If signing on behalf of an en	Signature	the 31st day after the date on the 31st day after the 31st	which this someoned filed.
	Joyce F. Typed or Pri		ORDE
	Secr	etary	
	Capacil	ry	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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