1000016965

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/21ph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
:
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

APR - 7 2011

EXAMINER



500200643045

04/06/11--01022--022 **352.50

11 APR -6 PM 1:53

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2)	or 608.509, Florida Statut	tes, the undersigned,		
	CFRA, LLC		_, hereby resigns as		
	Name of Registered Agent				
Registered Agent for		OAKWOOD CAPITA	L, LLC		_
	Name of Limite	d Liability Company			,
	0016965	_			
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the abo	ve listed limited liability of	ompany at its last known	address	i.
The agency is terminated	d and the office discontin	nued on the 31st day after	the date on which this sta	atement	is filed.
. If signing on behalf of a	/	J. Berfull ignature of Resigning Agent	<u>~</u>		
	Joy	ce F Bentubo			
	Туре	ed or Printed Name			
		Secretary	ALI	<u> </u>	
	-	Capacity	Ä	SKET AP R	
	FILING FF \$ 85.00 A \$ 25.00 A	EES: Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dissolv	R-6 PH I:53	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314