# L07000068653

(Requestor's Name)	
	•
(Address)	
(Address)	
. (100.000)	· •
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
,	
Certified Copies Certificates of	of Status
Certified Copies Certificates (	oi Status
Special Instructions to Filing Officer:	

Office Use Only



800149077478

04/09/09--01030--023 \*\*85.00

9 APR -9 PH 4: 14
SECRETARY OF STATE

RASesign Thereis 4-14-09

### CFRA, LLC

# REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10<sup>th</sup> 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 - GERM PATROL, LLC

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Germ Patrol, LLC. Also enclosed is Carlton Fields' Check No. 463986 in the amount of \$85.00 for the filing fee.

very roly 1001s,

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	, hereby resigns as	ACC S
(Name of Registered Agent)		麗 第 卫
Registered Agent for Germ Patrol, LLC		-9 ASS
		E P
(Name of Limited Liability Compan	у)	FLORI
L07000068653		DA -
(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited	liability company at its last kn	own address.
The agency is terminated and the office discontinued on the 31st	day after the date on which thi	is statement is filed.
Joyce J. B. (Signature of Resignin	entulo (g 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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