1070009a764

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

CK \$ 25.00



400168727524

400168727524 02/26/10--01044--018 **250.00

FILED

10 MAR -2 PH 4: 16

JELKETARY OF STATE

D. BRUCE

MAR 0 2 2010

EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.309	9, Florida Statutes, the undersigned,
CFRA, LLC	, hereby resigns as
(Name of Registered Agent)	, , , ,
Registered Agent for William J. Green Manag	gement, LLC
(Name of Limited Liability 6	Company)
L07000092764	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed li	mited liability company at its last known address.
The agency is terminated and the office discontinued on the office disconti	e 31st day after the date on which this statement is filed. Resigning Agent)
If signing on behalf of an entity: Joyce F. Bentubo (Typed or Printed)	10 MAR -2
Secretary	ASSS ASS
(Capacity)	Y OF STATE FLORIDA

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, Florida Statutes, the undersigned,			
CFRA, LLC	, hereby resigns as			
· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)	•		
Registered Agent for W	illiam J. Green Management, LLC			
٠,				
	(Name of Limited Liability Company)		·	
L07000092764	·			
(Document Numbe	r, if known)			
A copy of this resignation	was mailed to the above listed limited liability company at its last known	wn add	ress.	
The agency is terminated	and the office discontinued on the 31st day after the date on which this	stateme	ent is f	iled.
If signing on behalf of an	. 1			. ·
	Joyce F. Bentubo (Typed or Printed Name)	557	<u></u>	
•	Secretary	E C K	0 MAR	
-	(Capacity)	HAS	1	
	·	SEE O	ري م	
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolve withdrawn limited liability company)F STATE , FLORIDA	91 : 1 Hd	Ö

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