L07000047808

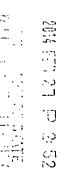
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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B. BOSTICK

MAR - 3 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CYA ASSOCIATES, LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L07000097808	
The enclosed Resignation of Registered Agent for a Limited Liability Comporting.	pany and fee are submitted
Please return all correspondence concerning this matter to the following:	
CHAKEYA T	
Name of Person	
PARACORP INCORPORATED	
Name of Firm/Company	
PO BOX 160568	
Address	9500 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
SACRAMENTO, CA 95816	77
City/State and Zip Code	

For further information concerning this matter, please call:

E-mail address: (to be used for future annual report notification)

CHAKEYA

Name of Person

at (800) 533-7272

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

· RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti	ion 605.0115. F	Florida Statutes, the under	signed.		
DARACORD INCORPORATED		, hereby resigns	signs as		
Name of Registered Agent			, , ,		
Registered Agent for CYA AS	SOCIATI	ES, LLC			
	Name of Limited	Liability Company			·
L07000097808					
Document Number, if kno	own	_			
A copy of this resignation was ma	illed to the abo	ve listed limited liability o	company at its l	ast known ad	dress.
The agency is terminated and the	office discontin	nued on the 31st day after	the date on wh	ich this stater	ment is filed.
_S	haron Cc	PCDcc gnature of Resigning Agent			
If signing on behalf of an entity:					
SHAF	RON COC	OKE			
Typed or Printed Name					
ASST SECRETARY			20		
	(Capacity		, 424	ود د دو
					-
				ر ئــ	***
	FILING FE \$ 85.00 A \$ 25.00 A	<u>CES:</u> Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily o	lissolved/	

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