

L07000127237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

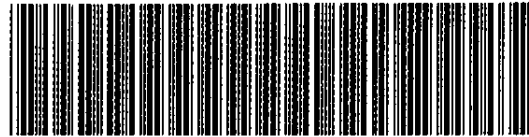
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
SEP -9 2011  
**EXAMINER**

Office Use Only



200211811672

09/08/11--01005--024 \*\*260.00

REGISTRY OF STATE  
PALM BEACH, FLORIDA

2011 SEP -8 PM 12:37

FILED

**CFRA, LLC**  
**REGISTERED AGENT SERVICES**  
**A SUBSIDIARY OF CARLTON FIELDS**

100 S. Ashley Drive  
Suite 400  
Tampa, Florida 33602

Mailing Address:  
P. O. Box 3239  
Tampa, Florida 33601-3239  
Tel (813) 223-7000 Fax (813) 229-4133

September 6, 2011

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

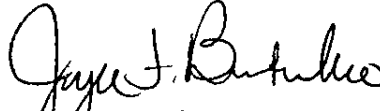
**Re: RESIGNATION OF REGISTERED AGENT -  
CENTRAL FLORIDA SPINE SOLUTIONS, LLC  
CHEESE TRADING CO.  
LE SANCTUAIRE CONDOMINIUM ASSOCIATION, INC.**

FILED  
2011 SEP - 8 PM 12: 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 510353 totaling \$260.00 for the filing fees for these entities.

Very truly yours,

  
Joyce F. Bentubo  
Secretary

JFB/kmt  
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

Name of Registered Agent

, hereby resigns as

Registered Agent for CENTRAL FLORIDA SPINE SOLUTIONS, LLC

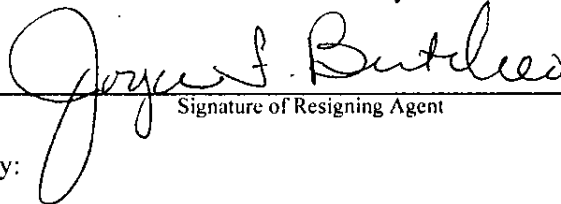
Name of Limited Liability Company

L07000127237

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Joyce F. Bentubo

Typed or Printed Name

Secretary

Capacity

FILED  
2011 SEP 28 PM 12:37  
RECEIVED  
TALLAHASSEE, FLORIDA  
STATE

### 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