1080000000893

(Requestor's Name)				
(Requestor's Name)				
(Address)				
Addison				
(Address)				
(City/State/Zip/Phone #)				
(Styletate, 2, pri Hone 11)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
. (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500207553495

05/12/11--01009--020 **432.50

2011 MAY 12 PM 2:58
SECRETARY OF STATE

R.A. Resign.

18800 5-9-11

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Ž., . .

Pursuant to the provision	ns of section 608.416(2) or 608.509, Florida	Statutes, the undersign	三 三	
	CFRA, LLC	, hereby resigns	影がで	
	Name of Registered Agent	,,,,,	SERO PR	
Registered Agent for	MALER GLOS	BAL, LLC	15 22 C	
	Name of Limited Liability Company		AND SECTION OF THE PROPERTY OF	
	traine of following company			
L08000	0000893			
Document No	imber, if known			
A copy of this resignation	on was mailed to the above listed limited liab	vility company at its la	ast known address.	
	d and the office discontinued on the 31st day Signature of Resigning A	khu.	ch this statement is filed.	
If signing on behalf of a	n entity:			
	u Joyce F. Bentubo			
Typed or Printed Name				
	Secretary			

Capacity

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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