

(Re	questor's Name)	
(Δd	dress)	
(Au	uressj	
(Ad	dress)	<del>.</del>
(Cit	y/State/Zip/Phone	e #)
- PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

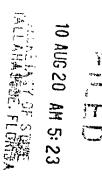
AUG. 2 4 2010

EXAMINER



700184070427

08/20/10--01008--015 \*\*100.00



## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.4	416(2) or 608.509, Florida Statutes, the unders	igned,
CFRA, LLC	, hereby resigns as	
(Name of Registered		
Registered Agent for 1501 Ocean	Palms Condominium, LLC	
(Name o	f Limited Liability Company)	
L08000004949		
(Document Number, if known)		
A copy of this resignation was mailed to the	he above listed limited liability company at its	last known address.
	iscontinued on the 31st day after the date on what we have the date of the date on the date of the dat	hich this statement is filed.
If signing on behalf of an entity:	(Signature of Resigning Agent)	10 AUG 20
Joyce F. Be	entubo	<u> </u>
	(Typed or Printed Name)	I Maria Santa
Secretary		
	(Capacity)	5: 23

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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