Division of Corporati Florida Department of State

Division of Corperations Electronic Filing Coher Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom or all pages of the document.

(((H1400018745 13)))



Note: DO NOT hit the REFRESH/RELOAD buson on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS Account Number : 0760770 0355 : (813)221-7000 Phone Fax Number : (813)221-4133

Enter the email address for this business entity to be used for future annual report mailings. Enter only the email address please.

Email Address:_

LLC REGISTERED AGENT RESIGNATION 10840 SAVANNAH, LLC

Certificate of Status	Į.	0
Certified Copy		0
Page Count	<u>'</u>	01
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H14000187451 3)))

(((H14000182451 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CFRA, LLC	, hereby resigns as
Name of Registered Agent	, 110100y 1031B10 to
Registered Agent for 10840 SAVANNAH, LLC	:
Name of Limited Liability Co	mpany?
L08000033947	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	mited eability company at its last known address.
The agency is terminated and the office discontinued on the	e 31st, ay after the date on which this statement is filed.
If signing on behalf of an entity;	Kehleo esignin Agent
JOYCE F. BENTUBO	د . ن
Typed or Printed N SECRETARY	Vame Vame
Capacity	- S - S - S - S - S - S - S - S - S - S
\$ 25.00 Administrat	ted lia@ility company tively elssolved/ voluntarily dissolved/ limite cliability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32914

INHS17 (2/14)