

**L09000123186**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

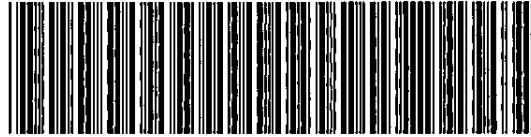
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**400221969804**

02/29/12--01019--022 \*\*222.50

**FILED**

**2012 FEB 29 AM 10:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**C. LEWIS**

**MAR - 1 2012**

**EXAMINER**

## 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

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for ARBORWOOD DEVELOPMENT, LLC

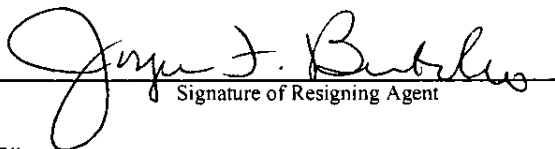
\_\_\_\_\_  
Name of Limited Liability Company

L09000123186

\_\_\_\_\_  
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

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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