

Division of Corporations

Page 1 of 2

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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(((H16000003695 3)))



H160000036953ABX/

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To:

Division of Corporations  
 Fax Number : (850) 517-6383

From:

Account Name : CARLTON FIELDS  
 Account Number : 076077000355  
 Phone : (813) 223-7000  
 Fax Number : (813) 229-4133

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

Email Address: \_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION**  
**ALF DEVELOPMENT PARTNERS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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 TALLAHASSEE, FLORIDA

JAN 07 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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(( (H16000003695 3) ))

**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

Registered Agent for **ALF DEVELOPMENT PARTNERS, LLC**

Name of Limited Liability Company

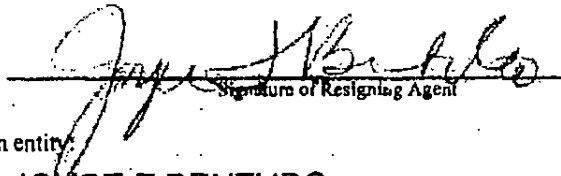
**L10000000003**

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.

If signing on behalf of an entity:

  
Signature of Resigning Agent

**JOYCE F BENTUBO**

Typed or Printed Name

**SECRETARY**

Capacity

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TALLAHASSEE, FLORIDA

**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withdrawn limited liability company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

INHS17 (12/13)

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01/08/2018 10:11 FAX  
12/11/2015 14:09 FAX

003/003  
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\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 2414  
RECIPIENT ADDRESS 918506176380  
DESTINATION ID  
ST. TIME 12/11 14:08  
TIME USE 00'58  
PAGES SENT 2  
RESULT OK

Please Back  
Date to Original  
Fax date

Division of Corporations

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H150002932313ABC

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Fax Number : (813) 229-4133

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REGISTERED AGENT RESIGNATION  
ALF DEVELOPMENT PARTNERS, LLC

Certificate of Status

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