

40000038986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

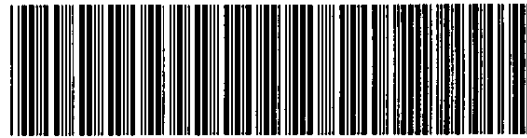
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FILED  
11 AUG -2 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 03 2011

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

Name of Registered Agent

, hereby resigns as

Registered Agent for SABH PARTNER, LLC.

Name of Limited Liability Company

L10000038986

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.

Joyce F. Bentubo

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withdrawn limited liability company

**FILED**  
**11 AUG - 2 PM 12:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Make checks payable to Florida Department of State and mail to:**

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**