## L11000014486

(Re	equestor's Name)	· <del>.</del>		
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE
FALLAHASSEE, FLORID,

## 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	75	
	Name of Registered Agent	, ,	Alice	
Registered Agent for	RP2&6	6 LENDER LLC	<del></del>	
	Name of Limited Liability Co	mpany	······································	
L11000	0014486			
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above listed lin	nited liability company at its last know	n address.	
The agency is terminated	d and the office discontinued on the Signature of Re	31st day after the date on which this s	tatement is filed.	
If signing on behalf of a	n entity:			
	Joyce F. Ben			
	Secretary			

\$ 85.00 \$ 25.00

Capacity

Active limited liability company
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withdrawn limited liability company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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,	200
	CFRA, LLC	, hereby resigns as	ALC:
	Name of Registered Agent	<u></u> 1	. 7
Registered Agent for	RP2&6	LENDER LLC	
	Name of Limited Liability Con	npany	·
<u>L</u> 11000	014486		
Document Num	nber, if known		
		ited liability company at its last know	
The agency is terminated	and the office discontinued on the 3	Slst day after the date on which this s	tatement is filed.
If signing on behalf of an	entity:		•
	Joyce F. Benti Typed or Printed Na	···	
_	Secretary		
	Capacity	,	

**FILING FEES:** 

\$ 85.00. \$ 25.00

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Administratively dissolved/ voluntarily dissolved/
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INHS17 (08/05)