L11000/00789

(Requestor's Name)		
(Requestor's Name)		
100 S. Ashley Drive (Address) Suite 400 (Address)		
Impa FL 3362 (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



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12/07/12--01007--019 **435.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED FILED

D. BRUCE

DEC 1 0 2012

EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	08.416(2) or 608.509, Florida Statutes, the und	ersigned,
CFRA, LLC	, hereby res	ions as
Name of Registe		.g.15 45
Registered Agent for ELKCAM &	& COLLIER MANAGER LLC	
		
Name	e of Limited Liability Company	,
L11000100789		
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	e discontinued on the 31st day after the date or	which this statement is filed.
	Syruce J. B. Lles Signature of Resigning Agent	
If signing on behalf of an entity:	Signature of Kesigning Agent	#2 B TALL, TALL,
Joyce F.	Bentubo	DEC CRETA
	Typed or Printed Name	FILL ARN SSI
Secretary		
	Capacity	FIG.
		: 5 5

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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