

L11000101275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

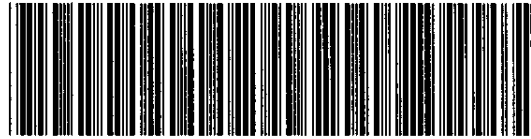
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500256235755

02/06/14--01036--002 **485.00

FILED
2014 FEB -6 PM 1:21

FEB -7 2014

T CLINE

CFRA, LLC

A Subsidiary of CARLTON FIELDS JORDEN BURT

Registered Agent Services
100 S. Ashley Drive | Suite 400
Tampa, Florida 33602
P. O. Box 3239 | Tampa, Florida 33601-3239
813.223.7000 | fax 813.229.4133

February 4, 2014

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

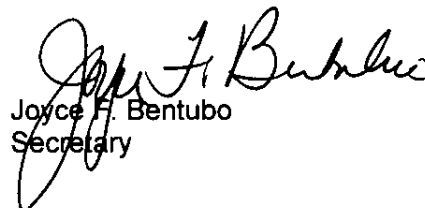
**Re: RESIGNATION OF REGISTERED AGENT –
EURO-PAR INVESTMENTS, LLC
BIS-CANE PROPERTIES, LLC
ROWAYTON CAPITAL, LLC
FI-FOIL OF FLORIDA, INC.
GFP HOLDING CORPORATION, INC.
SG MIRASOL II, LLC
ISLAND ONE ACQUISITION, LLC
ISLAND ONE HOLDINGS, LLC
NUTRITION CFL, LLC
LASALLE ENTERPRISES, LLC
FIRST LAND ACQUISITION, INC.**

FILED
2014 FEB -6 PM 1:21

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields Jordan Burt Check No. 44238 totaling \$485.00 for the filing fees for these entities.

Very Truly Yours,


Joyce F. Bentubo
Secretary

JFB/ylc
Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 405, 0115 Florida Statutes, the undersigned,

CFRA, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for **NUTRITION CFL, LLC**

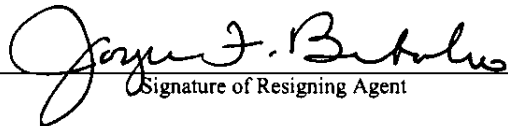
Name of Limited Liability Company

L11000101275

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

FILED
2014 FEB -6 PM 1:21

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**