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Division of Corporations

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Florida Department of State

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the pro	visions of section-605.0115, Florida St	atules, the undersigned,	
CFRA, LLC		, hereby resigns as	
	Name of Registered Agent	· , ,	
Registered Agent f	or Gross Family LLC		
	Name of Limited Liability (Company	
L11000133227		•	
Docum	ent Number, if known		
	•	limited liability company at its last known address.	
The agency is term	June 9	he 31st day after the date on which this statement is filed. Resigning Agent	
If signing on behal	f of an entity:	OCT - AHASS	
	Joyce F. Bentubo		-
	Typed or Printed	Name	77
	Secretary		<u>-</u>
·	Capacity	RIUA A	

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withdrawn limited liability company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

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