

10/18/2016

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L14000096715

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850)205-8842
 Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC REGISTERED AGENT RESIGNATION
 CHEROKEE RIDGE TRL., LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEROKEE RIDGE TRL., LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000096715

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Mac-Tran
Name of Person

NRAI SERVICES, INC.
Name of Firm/Company

111 8th Avenue, 13th Floor
Address

New York, New York 10011
City/State and Zip Code

theresa.alfieri@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Mac-Tran at (212) 590-9118
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NRAI SERVICES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **CHEROKEE RIDGE TRL., LLC**

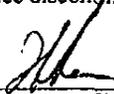
Name of Limited Liability Company

L14000096715

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:

NRAI Services, Inc. - Helen Mac-Tran

Typed or Printed Name

Assistant Secretary

Capacity

FILED
FLORIDA DEPARTMENT OF STATE
16 OCT 18 AM 8:51
TALLAHASSEE, FLORIDA

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