Ø1002/003

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115, Florida Statutes, t	he undersigned,
CF REGISTERED AGENT, INC. Name of Registered Agent		, hereby resigns as
,	Name of Limited Liability Company	
L17000084341		<u></u>
Document Nu	mber, if known	¥15 21
• •		liability company at its last known addess.
	Signature of Resign n	Les Box
If signing on behalf of ar	I Gillity.	ठ
	JOYCE F. BENTUBO	
	Typed or Printed Name	
	DIRECTOR/SECRETARY	,
	Capacity	

FILING FEES:

Active limited I ability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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