(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	(F	dequestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)			· ·
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	(A	\ddress)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	(A	Address)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)			
(Business Entity Name)  (Document Number)	(C	ity/State/Zip/Phone #)	
	PICK-UP	☐ WAIT	MAIL
	(В	Business Entity Name)	
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	Certified Copies	· Certificates of S	tatus

JAN 12 2012

**EXAMINER** 



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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 608.416(2) or 608.	.509, Florida Statutes, the undersigned,
	CFRA, LLC	, hereby resigns as
Name	e of Registered Agent	
Registered Agent for	COLUMBIA	TEMPLE TERRACE, L.L.C.
	Name of Limited Liabilit	ty Company,
M01000002	2101	
Document Number,	if known	
/		ed limited liability company at its last known address.  In the 31st day after the date on which this statement is filed.
i	GML Signature	Bufuleo of Resigning Agent
If signing on behalf of an enti	ty: /	
	Joyce F. E	Bentubo
	Typed or Prin	nted Name
	Secre	etary

## **FILING FEES:**

Capacity

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

12 JAN 10 PM & 26
SECRETARY OF STATE