

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	PR
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	Account Name : CARLTON FIELDS	AH
	Account Number : 0760/7000355	يَ ۾
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\*\*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 R BRICKELL FLATIRO	1	, ·
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CFRA, LLC	hereby resigns as
Name of Registered Agen	u
Registered Agent for BRICKELL FLATIR	ON LLC R
	UNILLC
Name of Lim	ited Linbility Company
M04000004979	<b>9</b>
Document Number, if known	<u>ب</u> ب
A copy of this resignation was mailed to the a	bove listed limited liability company at its last known address.
The agency is terminated and the office disco	ntinued on the 31st day after the date on which this statement is filed.
Cours -	A Dublin
CAM	Signature of Resigning Apobl
If signing on behalf of an entity:	
Joyce F. Bentub	
	yped or Printed Name
Secretary	ypco or rained from
	Capacity
	•
FILING	FEES:
\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/
	withdrawn limited liability company
Make checks naveb	ste to Florida Department of State and mail to:
••••••••••••••••••••••••••••••••••••••	Division of Corporations
·	P.O. Box 6327 Tallahassee, FL 52314
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