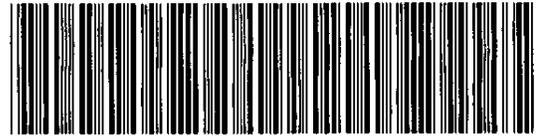


ML3000006025



600273368456

06/09/15--01006--018 **85.00

RA Resignation

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 JUN - 9 PM 12:16 2015
15 JUN - 9 PM 1:05
FILED
10 ACKNOWLEDGE
SUFFICIENCY OF FILING
DEPT. OF STATE
TALLAHASSEE, FLORIDA

JUN 09 2015
A RAMSEY

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

6/8

CERTIFIED COPY

PHOTOCOPY

CUS

FILING

Agent Resignation

1. CDA Partners, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDA Partners, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M13000006025

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:

Molly Fitzpatrick
Name of Person

Ungerlaw, PC
Name of Firm/Company

12121 Wilshire Blvd., Ste. 1201
Address

Los Angeles, CA 90025
City/State and Zip Code

filings@eminutes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Fitzpatrick at (310) 820-1000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,
eResidentAgent, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for CDA Partners, LLC

Name of Limited Liability Company

M13000006025
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.

Katie

Signature of Resigning Agent

If signing on behalf of an entity:

Katie Thurman
Typed or Printed Name
Vice President, eResidentAgent, Inc.
Capacity

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**

FILED
2015 JUN -9 PM 1:05
TALLAHASSEE FLORIDA
SECRETARY OF STATE