

ND8000010910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

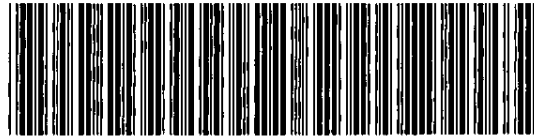
(Document Number)

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Office Use Only

FF \$35



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01/07/11--01009--001 \*\*282.50

LA [Signature]

FILED  
11 JAN -7 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Handwritten mark]

**CFRA, LLC**  
**REGISTERED AGENT SERVICES**  
**A SUBSIDIARY OF CARLTON FIELDS**

Corporate Center Three at International Plaza  
4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor  
Tampa, Florida 33607-5736

Mailing Address:  
P. O. Box 3239  
Tampa, Florida 33601-3239  
Tel (813) 223-7000 Fax (813) 229-4133

January 3, 2011

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: RESIGNATION OF REGISTERED AGENT –**  
**BEST HARVEST, L.L.C.**  
**EURO FROST, LLC**  
**PATISSERIE MEURS, INC.**  
**EYE FLY (USA), LLC**  
**EYE FLY MIAMI (MIA), LLC**  
**JENNIFER CAPRIATI FOUNDATION, INC., THE**  
**ERS SERVICES, INC.**  
**AUTHOR'S FUTURE, LLC**

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 498863 totaling \$282.50 for the filing fees for these entities.

Very Truly Yours,



Joyce F. Bentubo  
Secretary

JFB/kmt  
Enclosures

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CFRA, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for THE JENNIFER CAPRIATI FOUNDATION, INC.,

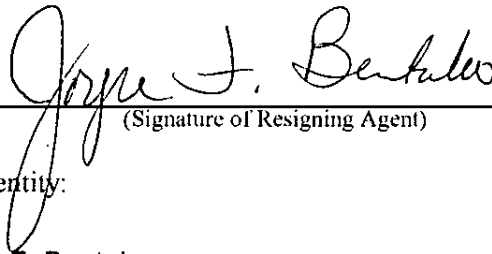
(Name of Corporation)

N08000010910

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Joyce F. Bentubo

(Typed or Printed Name)

Secretary

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314