P090000004260

(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
•	,	,
- PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
(DC	ocument Number)	•
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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08/26/09--01004--021 **87.50

2009 AUG 26 AM 10: 31 SECRETARY OF STATE

R.A. Resign.

TB

AUG 27 2009

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Corporate Imaging & Marketing, Inc
(Name of Corporation)
DOCUMENT NUMBER: P09000004260
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
lader Herreno
(Name of Person)
Corporate Imaging & Marketing, Inc
(Name of Firm/Company)
19221NE 10TH AVE APT 403
(Address)
MIAMI FL, 33179
(City/State and Zip Code)
For further information concerning this matter, please call:
lader Herreno at (786) 2852799
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Mon 1.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, lac	ler Herreno	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Corporate Imaging & Marketing Inc.	_
	(Name of Corporation)	,
P09000004260		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
this statement is filed. Lader	discontinued on the 31st day after the date on which White Capability gnature of Resigning Agent)	
If signing on behalf of an entity:	Typed or Printed Name) Typed or Printed Name)	11
	Typed or Printed Name) SSEE, FLORITE (Capacity)	ED
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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