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> K.SALY EXAMINER DEC - 4 2012

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT, CARIBBEAN AVIATION LC

Name of Limited Liability Company

DOCUMENT NUMBER: L98000000584

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:

STONY STAFFORD

Name of Person

Name of Firm/Company

3740 SW 47TH AVE

Address

HOLLYWOOD FL 33023

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STONY STAFFORD

_{at} 954 \ \

895-1/51

Name of Person

Area Code & Davtime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 60	08.509, Florida Sta	tutes, the undersigned	A TO THE PARTY OF
STONY STAFFORD			, hereby resigns as	
Name of Registered Agent		•		3
Registered Agent for CA	ARIBBEAN AVIAT	TON LC		STATE OF
		· · · ·		
,	Name of Limited Liab	ility Company		7
L98000000584				
Document Nun	nber, if known			
A copy of this resignation	n was mailed to the above lis	sted limited liability	y company at its last k	known address.
The agency is terminated	and the office discontinued	on the 31st day aft		this statement is filed.
If signing on behalf of an	entity:		•	
	Typed or P	rinted Name	<u></u>	
	Capac	ity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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