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Division of Corporations

Florida Department of State

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Division of Corporations

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Prom:

Account Name : THOMAS C. COBB P.A.

Account Number : 110670000060 Phone

: (305)571-8062

Fax Number

: (305)571-8063

S

REGISTERED AGENT RESIGNATION

CANMONT INTERNATIONAL, INC.

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\$35.00

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

a di Ta	Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
(Name of Registered Agent) hereby resigns as Registered Agent for Canmont International, Inc. (Name of Corporation) 287913 (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:	Florida Statutes, the undersigned, Th	homas Cobb	
(Name of Corporation) (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 filled. (Signature of Resigning Agent) If signing on behalf of an entity:		(Name of Registered Agent)	
(Name of Corporation) (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 filled. (Signature of Resigning Agent) If signing on behalf of an entity:	hereby resigns as Registered Agent for	Canmont International, Inc.	
(Signature of Resigning Agent) (Cyped or Printed Name)		(Name of Corporation)	
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:	287913		
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) (Typed or Printed Name)	(Document Number, if known)		
(Signature of Resigning Agent) If signing on behalf of an entity:	A copy of this resignation was mailed t	to the above listed corporation at its last known address.	
If signing on behalf of an entity: (Typed or Printed Name)		c discontinued on the 31st day after the date on which	
If signing on behalf of an entity: (Typed or Printed Name)	The	mas C. Csabb	
(Typed or Printed Name)	(Ši	Signature of Resigning Agent)	
P(n	If signing on behalf of an entity:		
P(n		(Typed or Printed Name)	
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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation	\$87.50 - Act \$35.00 - Adi	ng this document: ctive corporation dministratively dissolved/voluntarily dissolved/	

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