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Examiner's Initials

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The ness all Region 1633 Bre Ny My My City/State/Z	Idenial description of the supplementation of	90002812099 -08/10/9801111004 *****35.00 *****35.0 Office Use Only
CORPORATION N	AME(S) & DOCUMENT N	UMBER(S), (if known):
1	ation Name)	(Document #)
2(Corpor	ation Name)	(Document #) (Document #) (Document #)
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	Pick up time	Certified Copy
☐ Mail out	Will wait Photocop	y Certificate of Status
NEW FILINGS	AMENDMENTS	i di dinga spinasi. Ali di
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/1	Director
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Метдет	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	
Fictitious Name	Foreign	_
Name Reservation	Limited Partnership	PA Maria
-	Reinstatement	RA resig.
	Trademark	4
	Other	



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

RESIGNATION OF REGISTERED AGENT Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statues, the
ruisuant to the provisions of sections 607.0302(2) of 607.1309, Florida Statues, the
undersigned, C T CORPORATION SYSTEM hereby resigns as (name of registered agent) Registered Agent for CD FLORIDA I, INC.
(name of corporation)
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA
A copy of this resignation was mailed to the above listed corporation at its last known address. c/o Blair & Roach
which the statement was filed.
Mer Aller

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation