FOTWWO664

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	()
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u>a)</u>
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		
		,
.		
L		
	Office Use Only	119
	•	15 M



600142361496

01/30/09--01024--020 **35.00

SECRETARY OF STATE

2009 JAN 30 PH 2: 50

7000 IAM 20 PM 5.



CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

January 21, 2009

RE: CMT AMERICA CORP. (DE. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is __1__ checks in the amount of \$35.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure January 21, 2009

RE: CMT AMERICA CORP. (DE. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is __1__ checks in the amount of \$35.00 to cover the required filing fee.

Very truly yours,

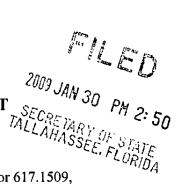
C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of sections 60	17.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	CMT AMERICA CORP. (DE. DOM.)	
	(Name of Corporation)	
F07000000664		
(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 this statement is filed.	discontinued on the 31st day after the date on which	
the	leef	
(Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:	0	
C T CORPORAT	TION SYSTEM - THERESA ALFIERI	
. (*	Typed or Printed Name)	
ASS	SISTANT 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