## F0900000120

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| ·                                       |
|   |
|   |
|   |

Office Use Only



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O9 JUN 23 PH 4: 30
SECRETARY OF STATE
PALLAHASSEE, FINGER

lu;thdr. C.COULLIETTE

JUN 24 2009

**EXAMINER** 



| ACCOUNT NO.  | :   | 120000001   | 95       |
|--|-----|-------------|----------|
| REFERENCE  | :   | 044988      | 7344317  |
| AUTHORIZATION  | :   |             |          |
| COST LIMIT   | :   | \$ 35.00    |          |
| ORDER DATE : June 23, 2009                                 |     |             |          |
| ORDER TIME : 11:27 AM                                      |     |             |          |
| ORDER NO. : 044988-005                                     |     |             |          |
| CUSTOMER NO: 7344317                                       |     |             |          |
| FOREIGN F  | ILI | NGS         |          |
| NAME: CARIBBEAN SHO  | RES | LTD., INC.  | File BAR |
| XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | Y   |             |          |
| XXXX WITHDRAWAL/CANCELLATION                               |     |             |          |
| PLEASE RETURN THE FOLLOWING AS                             | PRO | OOF OF FILI | NG:      |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS    |     |             |          |
| CONTACT PERSON: Joyce Markley                              | - I | EXT# 2930   |          |
|  | I   | EXAMINER:   |          |

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

|                            | Caribbean Shores Ltd., Inc.   |   |          |          |                  |
|----------------------------|---|---|----------|----------|------------------|
|                            | (Name of Corporation)   |   |          | _        |                  |
|                            | F0900000120   |   |          |          |                  |
|                            | (Document Number of Corporation   | (if known)  |          | _        |                  |
|                            | Bahamas   |   |          | <u>-</u> |                  |
|                            | (Incorporated Under Laws  | of)   |          |          |                  |
| voluntar This cor appoints | poration is no longer transacting business or conducting a ily surrenders its authority to transact business or conduct a poration revokes the authority of its registered agent in the Department of State as its agent for service of process was authorized to transact business or conduct affairs in Flo | affairs in Florida.  Florida to accept service based on a cause of action | on its   | behal    | lf and           |
| The follo                  | owing is a current mailing address for the corporation:   |   | SECRI    | NUL 60   |                  |
|                            | 4500 N. Powerline Road  |   | 동        | _<br> ≥  | Christens<br>∏∵∄ |
|                            | (Mailing Address)  Deefield Beach, FL 33073   |   | SSEE, FL | 3 PM 4:  | m                |
|                            | (City/ State /Zip)  |   | ORIDA    | 30       |                  |
| The com                    | poration agrees to notify the Department of State in the futu   | ire of any change in its ma   | iling ac | idress.  | •                |
|                            | <u>/_//</u>   | 6/22/9  |          |          | _                |
| Ţ                          | Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  | (Date)  |          |          |                  |
| 1                          | Antonio Assenza   | Director/President  |          |          |                  |
| -                          | (Typed or printed name of person signing)   | (Title of person s  | signing) |          |                  |

**FILING FEE \$35**