10/25/2017

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone

: (512)418-6949

Fax Number

: (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

REGISTERED AGENT RESIGNATION CAPARIO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

CAPARIO, INC.

(Name of Corporation)

DOCUMENT NUMBER: F09000004773

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Mac-Tran

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 8th Avenue, 13th Floor

New York, New York 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Mac-Tran

at (212),590-9118 (Area Code & Daytime Telephone Number)

(Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

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

<u> Mailing Address:</u>

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CT CORPORATION SYSTEM
(Name of Registered Agent)
hereby resigns as Registered Agent for CAPARIO, INC. (Name of Corporation)
(Name of Corporation)
F0900004773
(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:
CT CORPORATION SYSTEM-Helen Mac-Tran
(Typed or Printed Name)
ASSISTANT 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