## F96000004392

Address		3000043349635 -05/30/0101101003
City/State/Zip Phone #		*****35.00 *****35.00
		Office Use Only
ORPORATION NAME(S) & DOCU	MENT NUMBER(S),	(if known):
(Corporation Name)	(Document #)	SSE
(Corporation Name)	(Document #)	AN 8: 31 E.T.LORID.
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
Profit Not for Profit Limited Liability	AMENDMENTS  Amendment Resignation of Change of Reg	R.A., Officer/Director
Domestication Other	Dissolution/Wi	
THER FILINGS	REGISTRATION	<u>/QUALIFICATION</u>
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partner ☐ Reinstatement ☐ Trademark ☐ Other	rship
		Examiner's Initials

CR2E031(7/97)

## OI MAY 30 AM 8: 31 TALLAHASSEE. FLORING

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	··
Florida Statutes, the undersigned, C T CORPORATION SYSTEM (Name of registered agent)	The state of the s
hereby resigns as Registered Agent forCARIBE_TOBACCO_LTD., INC. (DE. DOM.) (Name of corporation)	a systems =
A copy of this resignation was mailed to the above listed corporation at its last known address.  13876 SW 56th Street Suite 180 Miami, FL 33175 Attn: Andres Pruna 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)	<del> </del>
If signing on behalf of an entity:	
C T CORPORATION SYSTEM  (Typed or Printed Name)	१५४३हें १८ १८ मा लाग के क्षेत्री हैं। १९४८
ASSISTANT SECRETARY  (Capacity)	

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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