

# L 040000/2272



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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 29 2011

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARIBBEAN HOLDINGS OF FLORIDA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000012272

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON McGILLICUDDY  
Name of Person

MACK CONSTRUCTION GROUP, LLC  
Name of Firm/Company

805 NE 7TH TERRACE, SUITE A  
Address

CAPE CORAL, FL 33909  
City/State and Zip Code

jason@mackconstruct.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason McGillicuddy at ( 239 ) 980-4851  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Richard Johnston, Jr., hereby resigns as  
Name of Registered Agent

Registered Agent for CARIBBEAN HOLDINGS OF FLORIDA, LLC

Name of Limited Liability Company

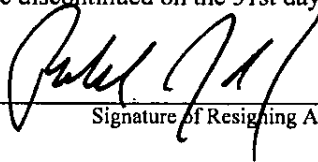
L04000012272

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A copy of this resignation was mailed to the above listed limited liability company 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:

Richard Johnston, Jr.

Typed or Printed Name

Registered Agent

Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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