L0800053916

(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:					

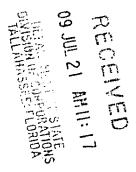
Office Use Only



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07/21/09--01010--008 **85.00

resignation





CORPDIRECT AGE 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE	rmerly CCRS)		s		
FILING COVER S ACCT. #FCA-14	SHEET				. .	
CONTACT:	MICHELE :	<u>HOLDEN</u>				
DATE:	<u>7/21/09</u>					
REF. #:	001117.1077	<u> 738</u>				
CORP. NAME:	CARAT IN	TERNATIONAL FL I	LLC			
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C (XX) OTHER: RESIGN	CATION ANCELLATION		VICE MARK	() ARTICLES OF E () FICTITIOUS NA () LIMITED LIABIN	ME	
STATE FEES PR	EPAID WI	тн снеск# <u></u>	3/033	FOR \$	\$85.00	
AUTHORIZATIO	ON FOR A	CCOUNT IF TO B	E DEBITED:	:		
	COST LIMIT: \$					
PLEASE RETUR	N:					
() CERTIFIED COPY () CERTIFICATE OF		ERTIFICATE OF GOOD	STANDING	(XX) PLA	IN STAMPED COPY	

Examiner's Initials

- RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	TAL	2009 JUL 2	
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersi	igne 至 発	ال ا	$\frac{\pi}{2}$
CORPORATE SERVICE BUREAU INC. , hereby resign	s as \overrightarrow{S}	2	-
Name of Registered Agent	338 (Y 0	- 0	m
Registered Agent for	To	_ ≠ _—∾	
CARAT INTERNATIONAL FL LLC	8E	ယ္က	
Name of Limited Liability Company			•
L08000052916			
Document Number, if known			
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 wh	nich this sta	tement is	filed.
Michele Holden Signature of Resigning Agent			
If signing on behalf of an entity:			
Michele Holdon			
Typed or Printed Name			
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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