

L10000043014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

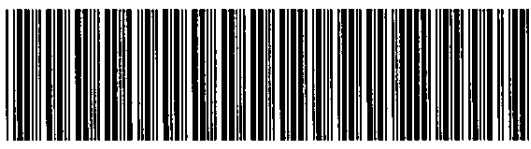
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
12 OCT - 1 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 2 2012
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: McCarthy & Foster International Plavers LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 610000043014

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:

Bernardo Semerene
Name of Person

McCarthy & Foster International Plavers
Name of Firm/Company

PO Box 268692
Address

Weston FL 33326
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Semerene at (954) 3894106
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT - 1 PM 12:51

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AND
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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Javier Semerene

(Name of Registered Agent)

hereby resigns as Registered Agent for

McCarthy & Foster International

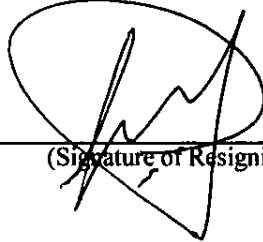
(Name of Corporation)

L10000043014

(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:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT - 1 PM 12:51

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AND
FILED

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**