

P00000016875

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(Business Entity Name)

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RA Resign

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06 NOV 27 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts NOV 29 2006

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: \_\_\_\_\_ CLT Subsidiary III, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P00000016875

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:

C. Burt Linthicum

(Name of Person)

Garcia & Ortiz, P.A.

(Name of Firm/Company)

888 Executive Center Dr. W, Suite 101

(Address)

St. Petersburg, FL 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

C. Burt Linthicum

(Name of Person)

at ( 727 ) 576-1245 office, 813-205-1771 cell  
(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**Mailing Address:**

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

RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION

FILED

NOV 27 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, C. Burt Linthicum of Garcia & Ortiz, P.A.  
(Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_  
(Name of Corporation) CHT Subsidiary III, Inc.

P00000016875

(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:

C. Burt Linthicum of  
Garcia & Ortiz, P.A.

(Typed or Printed Name)

Shareholder

(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withdrawn corporation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