

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: MURAI, WALD, BIONDO, MORENO, P.A.

Account Number: 076150002103 Phone

: (305)444-0101

Fax Number

: (305)444-0174

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT RESIGNATION CAS GROUP, INC.

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T. ROBERTS

12/20/2012

P. 002

FAX AUDIT NUMBER: H120002984623

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CAS GROUP, INC.

(Name of Corporation)

DOCUMENT NUMBER: P00000061333

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:

M. Cristina Moreno, Esquire

(Name of Person)

Murai Wald Biondo & Moreno, P.A.

(Name of Firm/Company)

1200 Ponce de Leon Blvd.

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Cristina Moreno, Esq. at / 305 \ 444-0101 (ext. 205)

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FAX AUDIT NUMBER: H120002984623

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## 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, Murai Wald Biondo & Moreno, P.A.
(Name of Registered Agent)
hereby resigns as Registered Agent for CAS Group, Inc.
(Name of Corporation)
P0000061333
(Document Number, if known)
(Document Number, if known)  A copy of this resignation was mailed to the above listed corporation at its last known address.  The averagy is terminated and the office discontinued on the 31st day after the date on which
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:
M. Cristina Moreno
(Typed or Printed Name)
Vice President of Murai Wald Biondo & Moreno, P.A.
(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
Tallabassee, FL 32314