Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000132248 3)))



H170001322483ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

REGISTERED AGENT RESIGNATION CARRIBEAN HOTEL GROUP CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 1 6 2017

H17000132248

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1 instant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, COOK FARIA
(Name of Registered Agent)
hereby resigns as Registered Agent for Orribean Hotel 6000 Con (Name of Corporation)
P01000013665
(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)
(Signature of Resigning Agent) Hay 15 (Signature of Resigning Agent) (Signature of Resigning Agent) (Typed or Printed Name)
(Typed or Printed Name)
(Types of Finited (Value)
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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