## P01000108206

(Re	equestor's Name	)
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SECRETARY OF STATE

R.A. Resign.

TF

OCT 2 1 2009

## **COVER LETTER**

Division of Corporations	
SUBJECT: Caxem, Inc.	
•	e of Corporation)
DOCUMENT NUMBER: P01000108206	
The enclosed Resignation of Registered Agent 1	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Lawrence R. Heller, Esquire	
(Name of Person)	
GILBRIDE, HELLER & BROWN, P.A.	
(Name of Firm/Company)	
2 South Biscayne Boulevard, Suite 1570	
(Address)	<del></del>
Miami, Florida 33131	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Lawrence R. Heller at	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  AND ASSESSED ASSOCIATION  Publishers of speciations 607 0503(2), 617 0503(2), 607 1500, or 617 1500
Pursuant to the pro	ovisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes th	ne undersigned, Lawrence R. Heller, Esquire
Tiona Sacres, ii	(Name of Registered Agent)
hereby resigns as Registered Agent for Caxem, Inc.	
nereey resigns as i	(Name of Corporation)
P01000108206	
(Document N	lumber, if known)
A copy of this resi	gnation was mailed to the above listed corporation at its last known address.
The agency is term this statement is fine	linated and the office discontinued on the 31st day after the date on which led.  (Signature of Resigning Agent)
If signing on behal	f of an entity:
	LAWRENCE R. HELLER
_	(Typed or Printed Name)
_	REGISTERED AGENT
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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