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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

: 120010000247 Account Number (800)494-3124 Phone

(305) 675-2811 Fax Number

## REGISTERED AGENT RESIGNATION

COFFEES SMART INC.

Certificate of Status	0
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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, PA	AUL SMITH		
	(Mante of Mediatered Affent)		
hereby resigns as Registered Agent for COFFES SMART INC.			
	(Name of Corporation)		
P02000013934			
(Document Number, if known)	<del>-</del>		
A copy of this resignation was mailed to	o the above listed corporation at its last known address.		
this statement is filed.	discontinued on the 31st day after the date on which	Q	
(Si	gnature of Resigning Agent)	<u></u>	,
If signing on behalf of an entity:	HH	JUN 20	1
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	Typed or Printed Name)	7	M
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	RI	23	
	(Capacity)	$\omega$	

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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