

P02000083338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

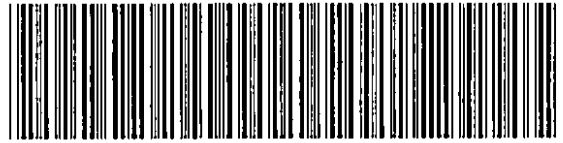
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/22/19--01009--002 **665.00

2019 OCT 21 AM 10:10

SD

19 OCT 21 PM 7:50

C. COLETTI

OCT 22 2019

CC

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION FOR:

1. CABI HOLDINGS II, INC.

PLEASE RETURN A STAMPED COPY

CHECK# 8425 FOR: \$665.00 (\$35.00 for this filing)

THANK YOU!

**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, ATRIUM REGISTERED AGENTS, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for CABI HOLDINGS II, INC.

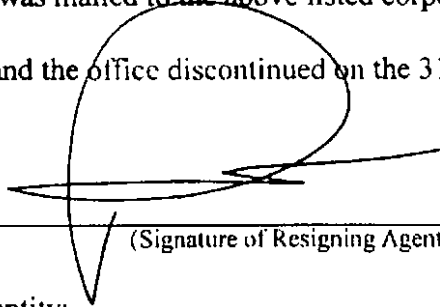
(Name of Corporation)

P02000083338

(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:

RALPH A. NARDI

(Typed or Printed Name)

VICE PRESIDENT, DIRECTOR

(Capacity)

2019 OCT 21 AM 10:10

CD

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withdrawn corporation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**