P02000103399

(Re	equestor's Name)	
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	idless)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ARB INVESTMENT GROUP, INC. (Name of Corporation)	
DOCUMENT NUMBER: P02000103399	
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:	
Robert Rubinstein	
(Name of Person)	
(Name of Firm/Company)	
5218 Montara Lane	
(Address)	
Delray Beach, FL 33484	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert Rubinstein at (561) 843-3794	
Robert Rubinstein at (561) 843-3794 (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of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	or
Mailing Address: Street Address:	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	37.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ro	bert Rubinstein
	(Name of Registered Agent)
hereby resigns as Registered Agent for	ARB INVESTMENT GROUP, INC.
	(Name of Corporation)
P02000103399	
(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 this statement is filed.	discontinued on the 31st day after the date on which
<u> </u>	enature of Resigning Agent)
(5.8	
If signing on behalf of an entity:	برخ نخمید
	HE TO THE T
(*	Typed or Printed Name)
	To A
	Fish 3 S
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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