## POH000 150229

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## TRANSMITTAL LETTER

FO: Amendment Section Division of Corporations	
SUBJECT: CF VACATIONS, INC.	
	Name of Corporation)
DOCUMENT NUMBER: P040001502	229
The enclosed Resignation of Registered Ag	gent for a Corporation and fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Carla Castillejo	
(Name of Person)	
CF Vacations, Inc.	
(Name of Firm/Company)	
7891 WEST FLAGLER STREET, #37	8
(Address)	
MIAMI, FL 33144	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
BLANCA BARKER	at (305) 788-8086 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, _ Bla	anca Barker
<u> </u>	(Name of Registered Agent)
hereby resigns as Registered Agent for	CF Vacations, Inc.
	(Name of Corporation)
P04000150229	
(Document Number, if known)	<del>_</del>
A copy of this resignation was mailed to	o 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
- (Si	gnature of Resigning Agent)
If signing on behalf of an entity:	OS AUG SECREI
(	Typed or Printed Name)
	(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withdrawn corporation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