P0500015091

(Re	equestor's Name)	
(Ad	dress)	
. (A d	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE TALLAUSSEELF ORIDA

At Resign

FEB 0 3 2014'
T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: New Beginning CMHC, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000015091

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:

Carlos M. Samlut, CPA

(Name of Person)

CMS INTERNATIONAL ENTERPRISES, INC.

(Name of Firm/Company)

550 Biltmore Way, Ste 200

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos M. Samlut

___305 \ .461-9518

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

14 JAN 29 AN 10: 44

	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509, CMS INTERNATIONAL ENTERPRISES, INC.	
,	(Name of Registered Agent)	
hereby resigns as Registered Agent	New Beginning CMHC, Inc. (Name of Corporation)	
P05000015091	• ,	
(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:

(Typed or Printed Name)

As Possidon For CHS Tylonauticial Edterprists, tue. (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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