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SECRETARY EFTORIS



October 5, 2007

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

RE: CARIBBEAN CIGAR COMPANY

jann Quick

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced names, which is to be filed in your office at your earliest convenience. Enclosed is check # 13855 in the amount of \$35 for the filing fees. Once filed, please return the file-stamped copies in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Mary Ann Quick

Enclosures

COVER LETTER

Division of Corporations
SUBJECT: CARIBBEAN CIGAR COMPANY (Name of Corporation)
DOCUMENT NUMBER: P06000056917
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:
Mary Ann Quick (Name of Person)
Capitol Corporate Services, Inc. (Name of Firm/Company)
800 Brazos, Suite 400 (Address)
Austin, Texas 78701 (City/State and Zip Code)
For further information concerning this matter, please call:
Mary Ann Quick at (800) 345-4647 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 617.1309,
Florida Statutes, the undersigned, Capitol Corporate Sevices, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for CARIBBEAN CIGAR COMPANY (Name of Corporation)
P06000056917
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
5
Cheryl Roberts (Typed or Printed Name)
(Typed of Frinted Name)
President
(Capacity)

Fee for filing this document:

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\$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