P07000118946

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (1001033) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: CBA Real Property Holdings Inc. (Name of Corporation) |
| DOCUMENT NUMBER: <u>P67000 18946</u> |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin |
| Please return all correspondence concerning this matter to the following: |
| Rolando J. Santiago (Name of Person) |
| (Name of Firm/Company) |
| 240 Apollo Beach Blud. (Address) |
| Acollo Beach, Fl 33572 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Person) at $(8/3)64/1-00/0$ (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617 | .1509, | | |
|---|-----------|-------------------|------|
| Florida Statutes, the undersigned, iclands J. Santiago (Name of Registered Agent) | | | |
| hereby resigns as Registered Agent for CBA Registered Ho (Name of Corporation) | ldings | , Inc | . • |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to the above listed corporation an its last known | own addi | ress. | |
| The agency is terminated and the office discontinued on the 3.1st day after the date this statement is filed. | | | -11 |
| If signing on behalf of an entity: | ASSEE, FL | 09 JAN 26 PH 1:51 | ILEU |
| (Typed or Printed Name) | ORIDA | : 51 | |
| Prosident (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