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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
Special Instructions to Filing Officer:		

Office Use Only



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RAResign

FEB 1 6 2012

T. LEWIS



111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

February 3, 2012

RE: ARBORMED, INC. (CA. DOM.)
CARBEN, INC. (FL. DOM.)
HASI, INC. (DE. DOM.)
HUB DISTRIBUTING, INC. (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$140.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

FILED

12 FEB 15 AMII: 16

ALLAHA 6 SEE FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	HUB DISTRIBUTING, INC. (FL. DOM.)	
	(Name of Corporation)	
P08000099740		
(Document Number, if known)		
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	•	
C T CORPORATI	ON SYSTEM - THERESA ALFIERI	
(T	yped or Printed Name)	
ASS	ISTANT SECRETARY	
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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