## P09000 88209

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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01/31/11--01005--026 \*\*87.50



## **COVER LETTER**

	Amendment Section Division of Corporations
SUBJE	CCT: CHRISTOPHER SEAFOOD INC (Name of Corporation)
DOCU	MENT NUMBER: P09000088209
	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
CHEF	RYL CARANGUE CPA
	(Name of Person)
CARA	ANGUE & CARANGUE PA
	(Name of Firm/Company)
3101	University Blvd S Ste 206
	(Address)
JACK	SONVILLE FL 32216
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
CHER	(Name of Person) at ( 904 ) 743 2360 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05) ,

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provi	sions of sections $00/.0502(2)$ , $01/.0502(2)$ , $00/.1509$ , of $01/.1509$ ,
Florida Statutes, the undersigned,	andersigned, CARANGUE & CARANGUE PA
	(Name of Registered Agent)
hereby resigns as Reg	ristered Agent for CHRISTOPHER SEAFOOD INC
, .	(Name of Corporation)
P09000088209	
(Document Nun	ber, if known)
A copy of this resign	ation was mailed to the above listed corporation at its last known address.
The agency is termin this statement is filed	ated and the office discontinued on the 31st day after the date on which
<del></del> .	(Signature of Resigning Agent)
If signing on behalf of	f an entity:
C	CHERYL CARANGUE CPA
<del></del> _	(Typed or Printed Name)
V	ICE PRESIDENT
<del></del>	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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