P10000016C63

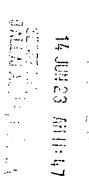
(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	\neg





200261028122

06/23/14--01930---003 **35.00



JUL 0 9 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CITI GOLDBUYERS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P10000016063
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:
JUSTIN FEITZINGER
(Name of Person)
CITI GOLDBUYERS, INC.
(Name of Firm/Company)
1209 S MILITARY TRAIL, STE D
(Address)
WEST PALM BEACH, FL 33415
(City/State and Zip Code)
For further information concerning this matter, please call:
Justin Feitzinger at (
(Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporator \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, K. BRIAN PYBUS
(Name of Registered Agent)
hereby resigns as Registered Agent for CITI GOLDBUYERS, INC.
(Name of Corporation)
P10000016063
(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:
K. BRIAN PYBUS
(Typed or Printed Name)
CPA
(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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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