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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(Document Number)		
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R. WHITE

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TO: Amendment Section Division of Corporations	
SUBJECT: CARABALLO, INC	
(Name of Corporation) DOCUMENT NUMBER: P11000100040	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the following:	
ROBIN MOLT (Name of Person)	
CORPORATION SERVICE COMPANY (Name of Firm/Company)	
80 STATE STREET (Address)	
ALBANY NY 12207 (City/State and Zip Code)	
For further information concerning this matter, please call:	
ROBIN MOLT (Name of Person) at (518) 433-7018 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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 61	7.1509	',
Florida Statutes, the undersigned, CORPORATION SERVICE COMPAI	NY_	
(Name of Registered Agent)		
hereby resigns as Registered Agent for CARABALLO, INC		
(Name of Corporation)		
P11000100040		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kn	own a	ddress.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on w	hich
(Signature of Resigning Agent)	-	
If signing on behalf of an entity:		
ROBIN MOLT		
(Typed or Printed Name)	_	
ASST SECRETARY		15.0
(Capacity)		SEP 2
	S21.	
	ਹੈ। ਹਿਲਾਂ-	
Fee for filing this document:		 MHI: 23
\$87.50 - Active Corporation \$35,00 - Administratively dissolved/voluntarily dissol	557	23 23
555.00 - Administratively dissolved/voluntarity dissol	vcu/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation