P12000089341

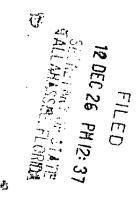
(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(50	omood Emary Ham	
(Do	cument Number)	
(DC	cament Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700242901847

12/26/12--01040--013 **35.00



What your

COVER LETTER

SUBJECT: Capbiz Technology LNC, (Name of Corporation)
DOCUMENT NUMBER: <u>P120000 K9341</u>
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:
Adam Hoghes (Name of Person)
Caphiz Technology Inc. (Name of Firm/Company)
1950 N. Congress Ave 3007 (Address)
West Palm Beach 71 33401 (City/State and Zip Code)
For further information concerning this matter, please call:
Adam Hughes at (SI) 487 - 1530 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations

Post Office Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

Division of Corporations

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, Adam Hoghes (Name of Registered Agent)	
hereby resigns as Registered Agent for Capbin Technology Inc. (Name of Corporation)	
(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)	
(Signature of Resigning Agent) If signing on behalf of an entity: (Typed or Printed Name)	¢
Registered Agent	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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