P1300094094

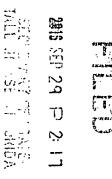
(Requestor's Name)	
(Address)	_
(Address)	
(Addless)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	
•	



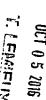


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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CALDI COQUI INC	
(Name of Corporation)	
DOCUMENT NUMBER: P13000094094	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	d for filing.
Please return all correspondence concerning this matter to the following:	
SERGIO BROK	
(Name of Person)	
(Name of Firm/Company)	
4151 NW 2nd AVE	
(Address)	
MIAMI, FL 33127	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
SERGIO BROK at (305)613-9470	
(Name of Person) (Area Code & Daytime Telephone Num	nber)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, SERGIO BROK
(Name of Registered Agent)
hereby resigns as Registered Agent for CALDI COQUI INC
(Name of Corporation)
P13000094094
(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.
And
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)
in the second of
Fee for filing this document:
\$87.50 - Active Corporation

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/