

Division of Corporations

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P15000015348

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: alrichards@slk-law.com

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**REGISTERED AGENT RESIGNATION
CARE BRIDGE INTERNATIONAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

JUL 26 2018
S. YOUNG

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care Bridge International, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P15000065348

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:

Mark Catchur

(Name of Person)

Shumaker, Loop & Kendrick, LLP

(Name of Firm/Company)

101 East Kennedy Boulevard, Suite 2800

(Address)

Tampa, Florida 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Catchur

(Name of Person)

at (813) 229-7600

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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, Shumaker, Loop & Kendrick, LLP

(Name of Registered Agent)

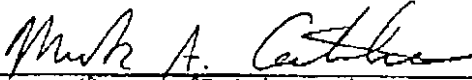
hereby resigns as Registered Agent for Care Bridge International, Inc.

(Name of Corporation)

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(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:

Mark Catchur

(Typed or Printed Name)

Partner

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314FILED
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