Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6330

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 : (350)656-7956

Fax Number

: (850)656-7953

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

## REGISTERED AGENT RESIGNATION CBL ACCESSORIES INC

Certificate of Status	0
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Page Count	02
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CBL ACCESSORIES INC	
(Name of Corporation)  DOCUMENT NUMBER: P16000070587	
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:	
Tunisha Scott	
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
3500 S DUPONT HWY	
(Address)	
DOVER, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Tunisha Scott  (Name of Person)  at (800 ) 346-4646  (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	tion
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, INCORPORATING SERVICES LTD.
(Name of Registered Agent)
hereby resigns as Registered Agent for CBL ACCESSORIES INC
(Name of Corporation)
P16000070587
(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:
Tunisha Scott (Typed or Printed Name)
ASSISTANT SECRETARY
(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