## P1600094022

(i	Requestor's Name)			
	Address)			
(/	Address)			
((	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Carolina Cool	Inc			
DOCUMENT NUMBER: P1600	(Name of C	Corporation	on)	
The enclosed Resignation of Register	ed Agent for a	Corpora	tion and fee are submitted for	filing.
Please return all correspondence cond	cerning this ma	itter to th	e following:	
Gary Israel				
(Name of Person	n)			
(Name of Firm/Com	ipany)			
121 S. Orange Aven	ue, Ste 1	1500		
(Address)				
Orlando, Fl. 32801				
(City/State and Zip )	,			
For further information concerning th	•	_		
Gary Israel	at (	07	210-3834 & Daytime Telephone Number)	
(Name of Person)	(Aı	rea Code	& Daytime Telephone Number)	
Enclosed is a check made payable to or \$35.00 for an administratively diss	the Florida Dep solved, voluntar	partment rily disso	of State for \$87.50 for an acti olved or withdrawn corporation	ve corporation n.
Amendment Section Division of Corporations Clifton Building	Mailing Addre Amendment Se Division of Co Post Office Bo Tallahassee, FL	ection rporation x 6327	ıs	

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $607.0502(2)$ , $617.0502(2)$ , $607.1509$ , or $617.15$	09,	
Florida Statutes, the undersigned, Gary Israel		
(Name of Registered Agent)		_
hereby resigns as Registered Agent for Carolina Cool, Inc.		
(Name of Corporation)	<del></del>	
P16000094022		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	ı addres	is.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which	
(Signature of Resigning Agent)  If signing on behalf of an entity:		
Gary S. Israel		
(Typed or Printed Name)		
· ·	- <del> </del>	
Registered Agent	20 <del>1</del> 0 0EC -	1
(Capacity)		*****
(Capacity)	ŵ	i *******
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	er.	أمييا
Fee for filing this document:	<b>@</b>	
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	_	
withdrawn corporation		
withdrawn corporation		

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