

P94000014830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

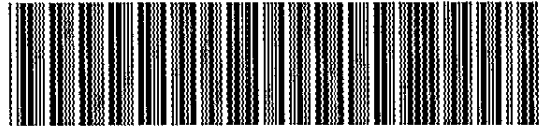
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000022032060

08/04/03--01032--010 \*\*122.50

FILED  
03 AUG - 8 PM 1:10  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

P94000014830  
AM 87.50  
8-8-03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Casino Limousines, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000014830

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:

Rafael Fernandez  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4143 SW 74 CT, Ste C  
(Address)

Miami, FL 33155  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL FERNANDEZ at (305) 265-8185  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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, Odalis Suarez  
(Name of Registered Agent)

hereby resigns as Registered Agent for Casino Limousines, Inc.  
(Name of Corporation)

P94000014830  
(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:

N/A  
(Typed or Printed Name)

N/A  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 AUG -8 PM 1:10

FILED

**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