Requester's Name

CA2. BBRAN FAGLE, INC.

14482 S.W 144CF

MIAMIFE 33186

P95000019906

Office Use Only

Examiner's Initials

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known)	:
---------------------	-----------------------	------------	---

1	1000031989014 -04/06/000109802
(Corporation Name)	-04/08/0001098003 *****87.50 *****87.50
2(Corporation Name)	
	(Document #)
3. (Corporation Name)	(Document #)
4	LECRET APR
(Corporation Name) Walk in Pick up time	(Document #) Certified Cupy
☐ Mail out ☐ Will wait	Photocopy Certificate Status
NEW FILINGS Profit	AMENDMENTS A G D >
Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
OTHER FILINGS	Merger REGISTRATION/QUALIFICATION PORT REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	1.07 4.

Florida Statutes, the undersigned, ___

RESIGNATION OF REGISTERED AGENT $_{\ast_i}$

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

		,	of registered agent,	•		
hereby resigns as R	egistered Agent for _	CARIT	BEAN e of corporation)	EAGLE	ING	۷,
A copy of this resig	nation was mailed to	the above listed co	rporation at its l	ast known address.		
The agency is termithis statement is file	inated and the office ded.	liscontinued on the	31st day after th	ne date on which		
If signing on behalf	of an entity:	artire of resigning agen	#) ·	FALLAHASSEE, FLORIDA	00 APR -7 AM 9: 15	
		(Capacity)				

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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