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) 617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850) 205-8842 Fax Number : (850)878-5368

\*\*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 CHAOLEI MARKETING AND FINANCE COMPANY Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$35.00

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Amendment Section

TO:

## **COVER LETTER**

Division of Corporations		
SUBJECT: CHAOLEI MARKETING AND FINANCE COMPANY		
(Name of Corporation)		
DOCUMENT NUMBER: P99000109093		
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:		
Theresa Alfieri		
(Name of Person)		
CT Corporation System		
(Name of Firm/Company)		
111 8th Avenue 13th Floor		
(Address)		
New York, NY 10011		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Theresa Alfieri at (212 )894-8516 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM
	(Name of Registered Agent)
hereby resigns as Registered Agent	tor CHAOLEI MARKETING AND FINANCE COMPANY
interpretation and respective region.	(Name of Corporation)
P99000109093	·
(Document Number, if known)	<del></del> .
	led to the above listed corporation at its last known address.  ffice discontinued on the 31st day after the date on which
If airming on babalf of a consistent	(Signature of Resigning Agent)
If signing on behalf of an entity:	
CT CORPOR	RATION SYSTEM-Theresa Alfieri
ASSISTAN	T SECRETARY  (Capacity)
,,	(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