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COVER LETTER

Division of Corporations
SUBJECT: C& B INDUSTRIAL SAFEY, INC (Name of Corporation)
DOCUMENT NUMBER: 5 11853
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARLA CONNOR_ (Name of Person)
(Name of Firm/Company)
1195 ARABIAN DR (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 793-4660 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 617.1309,
Florida Statutes, the undersigned, CARUA CONNOR (Name of Registered Agent)
hereby resigns as Registered Agent for CABINDUSTRIAL SAFERY, IV. (Name of Corporation)
S 11853
(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:
CARCA CONNOR (Typed or Printed Name) PRESIDENT (Capacity) (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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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