551722

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, , ,		
(Document Number)		
(Cooling to the Cooling to the Cooli		
Certified Copies Certificates of Status		
Columbia Copies		
Special Instructions to Filing Officer:		
·		

Office Use Only



900103801539

06/04/0?--01031--007 **35.00

TILED

OT JUN-4 AM 8: 32

SLCREIARY OF STATE

De Constant

COVER LETTER

Division of Corporations
SUBJECT: Coco G. Kids, Inc.
(Name of Corporation)
DOCUMENT NUMBER: S51722
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:
William A. Weber
(Name of Person)
Hughes Hubbard & Reed, LLP
(Name of Firm/Company)
201 S. Biscayne Blvd., Suite 2500
(Address)
Miami, Florida 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
William A. Weber at (305) 358-1666
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 sections o	07.0502(2), 617.0502(2), 607.1509, or 617.	1209,
Florida Statutes, the undersigned, _Re	eliable Agents, Inc.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Coco G. Kids, Inc.	
The state of the s	(Name of Corporation)	
S51722		
(Document Number, if known)	· 	
The agency is terminated and the office this statement is filed.	to the above listed corporation at its last know discontinued on the 31st day after the date	
(S)	guarture of Resigning Agent)	Acc -
If signing on behalf of an entity:	•	F O7 JUN - SECRETAR
Herschel E. Span		SEE SEE
	(Typed or Printed Name)	
Vice President		8: 33 STATE LORIO
	(Capacity)	73

Fee for flling 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withdrawn corporation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 Tallabassen, FL 32314