F08000001723

(Req	uestor's Name)	
(Add	ress)	<u> </u>
(Add	ress)	<u></u>
(City/	/State/Zip/Phon	e #)
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COVER LETTER

FO: Amendment Section Division of Corporations				
SUBJECT: STRATCORP INC.(DE))			
(Name of Corporation) DOCUMENT NUMBER: F0800001723 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing the submitted filing the submitted for filing the submitted fi				
Dan Klaeren				
(Name of Person)	_			
(Name of Firm/Company)	_			
2208 Morganside Way				
(Address)	-			
Valrico, FL 33596				
(City/State and Zip Code)	_			
For further information concerning this matter, please call:				
Dan Klaeren _{at} 813	,6893545			
(Name of Person) (Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Florida Statutes, the undersigned, hereby resigns as Registered Agen	t for STRATCORP INC.(DE)
F08000001723	(Name of Corporation)
(Document Number, if known)	
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the o	Office discontinued on the 31st day after the date on which (Signature of Resigning Agent)
If signing on behalf of an entity:	,
5 5	

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)