## F10000000000011

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900265398919

10/14/14--01002--005 \*\*87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 2 7 2014 T. CARTER



## **COVER LETTER**

SUBJECT: Counsyl, Inc.	(Name of Corporation)
F40000	•
DOCUMENT NUMBER: F100000	00241
The enclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing
Please return all correspondence concer	ning this matter to the following:
Samantha Campbell	
(Name of Person)	······································
Registered Agent Solutions, Inc.	
(Name of Firm/Compa	ny)
1701 Directors Blvd Ste. 300	
(Address)	
Austin, TX 78744	
(City/State and Zip Co	de)
For further information concerning this	matter, please call:
Samantha Campbell	at ( 888 ) 705-7274
(Name of Person)	(Area Code & Daytime Telephone Number)

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 OCT 14 PM 3: 40 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Registered Agent Solutions, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Cousyl, Inc.
(Name of Corporation)
F1000000241
(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:
Jaclyn Wright
(Typed or Printed Name)
Assistant Secretary
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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