F9700003459

(Requestor's Name)	
(Address)	
(Address)	
(National)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Booument Humber)	
Certified Copies Certificates of Status	
On sight and start and the filling Officers	
Special Instructions to Filing Officer:	

Office Use Only



400106079074

Moisnation

10/12/07--01047--002 ++175.00

2007 OCT 12 PM 4:51
SECRETARY OF STATE
TALL AHASSEE, FLORID

BOR 10/6/07

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

October 3, 2007

RE: JACK K.ELROD COMPANY, INC. (IN. DOM.) NUSERVICE CORPORATION. (DE. DOM.)

PRICELINE WEBHOUSE CLUB, INC. (DE. DOM.)

SHOES LIQUIDATION, CO. (CA. DOM.)

XELCO, INC. (CO. DOM.)

Department of State **Division of Corporations** Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1_check in the amount of \$ 175.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & **Assistant Secretary**

TA:lf Enclosure

FILED

RESIGNATION OF REGISTERED AGENT 2007 OCT 12 PM 4: 51 FOR A CORPORATION SECRETARY OF STATE TALLAHASSEE. FLORIDA

Pursuant to the provisions of sections 6	07.0502(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 for	SHOES LIQUIDATION, CO. (CA. DOM.)
,	(Name of Corporation)
F97000003459	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
	gnature of Resigning Agent)
If signing on behalf of an entity:	
C T CORPORAT	TION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)
ASS	SISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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