

N06000003766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

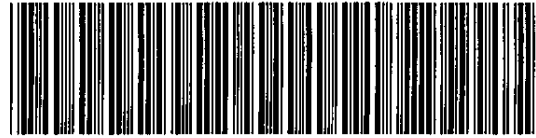
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resigned

10/16/06

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chi Psi Omega Plus Inc
(Name of Corporation)

DOCUMENT NUMBER: NO6000003766

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:

Barbara Thomas, President
(Name of Person)

Chi Psi Omega Plus, Inc.
(Name of Firm/Company)

P.O. Box 441855
(Address)

Coral Springs, FL 33077
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary McDuffie at (954) 257-9561
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Mary McDuffie

(Name of Registered Agent)

hereby resigns as Registered Agent for Chi Psi Omega Plus, Inc.

(Name of Corporation)

N06000003766

(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.

Mary McDuffie

(Signature of Resigning Agent)

If signing on behalf of an entity:

N/A

(Typed or Printed Name)

(Capacity)

06 OCT 13 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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withdrawn corporation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