

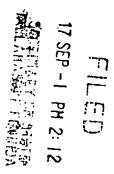
(R	lequestor's Name)	
	ddress)	
(4	(adress)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of Si	tatus
Special Instructions t	o Filing Officer;	

Office Use Only



000303036630

09/01/17-+01021--023 **87.50



CEP OG 2017

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Resignation of Registered Agent and Office
DOCI	(Name of Corporation) JMENT NUMBER: P12000047248
	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
_	return all correspondence concerning this matter to the following:
Ma	ndy Theobald
	(Name of Person)
KK	OS Lawyers
	(Name of Firm/Company)
188	3 W. Royal Hunte Dr, Suite 200
	(Address)
Ced	dar City, UT 84720
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Ма	ndy Theobald (Name of Person) at (435) 586-9366 (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Registered Agent Solutions, Inc
(Name of Registered Agent)
hereby resigns as Registered Agent for DBA Cases, Inc.
(Name of Corporation)
P12000047248
(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:
Mandy Theobald
(Typed or Printed Name)
Authorized Agent

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 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 Agen	DBA Cases, Inc.
	(Name of Corporation)
P12000047248	
(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:

Mandy Theobald
(Typed or Printed Name)

Authorized Agent

(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