

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

**P95000060344**

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Atlantic Consultants, Inc.

Art. of Amend. File	200002178372--3	C.F.F.E.	DISBURSED
Dissolution/Withdrawal	-05/14/97--01080--002		
C U S-	***350.00		****87.50
Fictitious Name File			
Name Reservation			
Annual Report/Reinstatement			
Reg. Agent <del>Service</del> <i>Resign</i>			
Document Filing			
Corporate Kit			
Vehicle Search			
Driving Record			
Document Retrieval			
UCC 1 or 3 File			
UCC 11 Search			
UCC 11 Retrieval			
File No.'s, Copies			
Courier Service			
Shipping/Handling			
Phone ( )			
Top Priority			
Express Mail Prep.			
FAX ( ) pgs.			
<b>SUBTOTALS</b>			

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 97 MAY 12 AM 11:43  
 97 MAY 12 AM 9:30

CF  
 \$87.50

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	5/12/97		
TIME	9:00		CK No. _____
BY	AK		

WALK-IN Will Pick Up \_\_\_\_\_

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ 5/12
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

JRM  
 RA  
 Resign

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statues, the undersigned, Capital Connection, Inc.

(Name of registered agent)

hereby resigns as Registered Agent for Atlantic Consultants, Inc.

(Name of corporation)

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.

[Handwritten Signature]  
(Signature of resigning agent)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
97 MAY 12 AM 11:43

If signing on behalf of an entity:

Weimar Lopez

(Typed or Printed Name)

Registered Agent Coordinator

(Capacity)

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved corporation

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone

CORPORATION(S) NAME

Professional Staffing, Inc

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Fictitious Name
- CUS
- After 4:30
- Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Veriller

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

3/12/97