Spottswood Companier Requester's Name 506 Fleming Street Address Key West Fl 330 City/State/Zip Phone #	2+ 540	O TALLALLOS PHILLS OF STATE
CORPORATION NAME(S) & DOCUM		Office Use Only
	(a) A	
1. (Corporation Name)	(Document #)	00003375445—3
2. (Corporation Name)		-08/29/0001008001 ****455.00 *****35.00
(Coxporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	<u> </u>
(corporation frame)	(Document #)	
4. (Corporation Name)	(Document #)	
	(botunent #)	
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
 □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other 	Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	ed Agent
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	PA RED DROIT
		Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	'.1509,	
Debort A Snottewood		
Florida Statutes, the undersigned, (Name of registered agent)		
hereby resigns as Registered Agent for 1950 COPPORATION (Name of corporation)		
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	
, hurshun		
(Signature of resigning agent)	,	
If signing on behalf of an entity:		
(Typed or Printed Name)	OO AU	
	AUG 28 P	
(Capacity)	PM 4: 18 OF STATE JETFEORIDA	, s

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314