F9300000607

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

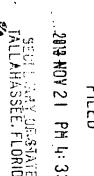
Office Use Only



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resignation 800 RA

11/21/13--01003--014 **87.50



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT, 136401 CANADA INC.

(Name of Corporation)

DOCUMENT NUMBER: F93000000607

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:

RICHARD BRUNTON, CPA

(Name of Person)

BRUNTON REGISTERED AGENTS INC.

(Name of Firm/Company)

4710 NW BOCA RATON BLVD., #101

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD BRUNTON

,,561 \241-999°

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENTILED FOR A CORPORATION 2013 NOV 2 1 PM 4: 33

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509.00017, F209.10A
Florida Statutes, the undersigned, BRUNTON REGISTER AGENTS INC.
(Name of Registered Agent)
hereby resigns as Registered Agent for 136401 CANADA INC. (Name of Corporation)
(Name of Corporation)
F9300000607
(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:
(Typed or Printed Name)
PRESIDENT (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