## F09000003598

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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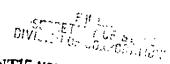
## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: EFG, INC. DBA EUROPEAN FIELDWORK GROUP INC.
	(Name of Corporation)
DOC	UMENT NUMBER: F09000003598
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
SH	ARON COOKE
	(Name of Person)
PA	RACORP INCORPORATED
	(Name of Firm/Company)
PO	BOX 160568
	(Address)
SA	CRAMENTO, CA 95816
****	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
SH	ARON COOKE <sub>at (</sub> 888 ) 272-3725
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 15 NOV 24 AM 7: 53

ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
lorida Statutes, the undersigned, PARACORP INCORPORATED
(Name of Registered Agent)
ereby resigns as Registered Agent for EFG, INC. DBA EUROPEAN FIELDWORK GROUP INC.
(Name of Corporation)
F0900003598
(Document Number, if known)
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 his statement is filed.
(Signature of Resigning Agent)
(Signature of Resigning Agent)
signing on behalf of an entity:
SHARON COOKE
(Typed or Printed Name)
ASST SECRETARY
(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