

264649

Requester's Name	
Address	
City/State/Zip	Phone #

000005451710--7  
 -05/03/02--01114--001  
 \*\*\*\*157.50 \*\*\*\*\*87.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- |    |                    |              |
|----|--------------------|--------------|
| 1. |                    |              |
|    | (Corporation Name) | (Document #) |
| 2. |                    |              |
|    | (Corporation Name) | (Document #) |
| 3. |                    |              |
|    | (Corporation Name) | (Document #) |
| 4. |                    |              |
|    | (Corporation Name) | (Document #) |

FILED  
 02 MAY -3 1AM 10:05  
 SECRETARY OF STATE  
 ALABAMA, FLORIDA

- |                                    |                                       |  |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out  | <input type="checkbox"/> Will wait    | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy |                                       |  |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

264649  
 REAS 2/28/04  
 5-3-02

Examiner's Initials

## RESIGNATION OF REGISTERED AGENT

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

Florida Statutes, the undersigned, TED P. Withner  
(Name of registered agent)

hereby resigns as Registered Agent for Withner & Co.  
(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.

[Signature]  
(Signature of resigning agent)

FILED  
MAY -3 AM 10:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

### 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