

388452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

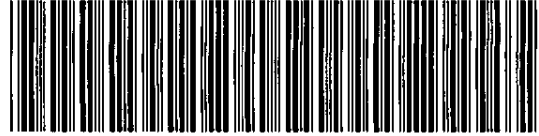
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400142350514

*Resignation
of RA*

01/30/09--01010--006 **35.00

RECEIVED
09 JAN 30 AM 11:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 JAN 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
1/30/09*

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 01/30/09

REF. #: 000076.98649

CORP. NAME: IAY-FLORIDA, INC.

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
 ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
 FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
 REINSTATEMENT MERGER WITHDRAWAL
 CERTIFICATE OF CANCELLATION
 OTHER: RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

STATE FEES PREPAID WITH CHECK# 529114 FOR \$ \$35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2009 JAN 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CORPDIRECT AGENTS, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for IAY-FLORIDA, INC.
(Name of Corporation)

388452
(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.

Patricia Tadlock, Asst. Sec.
(Signature of Resigning Agent)

If signing on behalf of an entity:

PATRICIA TADLOCK
(Typed or Printed Name)

ASSISTANT 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withdrawn corporation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