Requester's Name Capital Premium Finance Co. PO Box 7567 Miami, FI 33255

Office Use Only

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

CR2E031(7/97)

1.	
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #) 300046536634 -10/25/0101073089
3	*****35.00 ******35.00
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
✓ Not for Profit✓ Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement RA Pessa
	Trademark Other Reinstatement W.A. Messig,
	V SHEPARD OCT 3 0 2001
	Examiner's Initials

OIVISION TARKED

OI OCT 25 PM 2: 03

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,
hereby resigns as Registered Agent for CAPUTATION FINANCE COMPANY (Name of corporation) [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 of resigning agent)
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

CR2E046(9/98)