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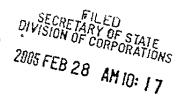
TO: Amendment Section Division of Corporations	· - ·
SUBJECT: CONARK, INC.	
	(Name of Corporation)
DOCUMENT NUMBER: 479071	
The enclosed Resignation of Registered A	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
MARY ELLEN CANAL	
(Name of Person)	
CONARK, INC.	
(Name of Firm/Company	<del>)</del>
600 NORTH MASHTA DRIVE	
(Address)	
KEY BISCAYNE, FL 33149	
(City/State and Zip Code)	)
For further information concerning this m	natter, please call:
MARY ELLEN CANAL	at ( 305 ) 361-5831
(Name of Person)	at ( 305 ) 361-5831 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the F	Florida Department of State for \$87.50 for an active corporation

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, _AF	RMANDO J. CANAL	
	(Name of Registered Agent)	•
hereby resigns as Registered Agent for	CONARK, INC.	
	(Name of Corporation)	
479071		
(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 this statement is filed.	discontinued on the 31st day after the date on which	
	gnature of Resigning Agent)	
If signing on behalf of an entity:	Similar of Resigning Argenty	
	Typed or Printed Name)	A
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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