610462

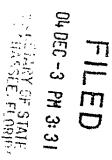
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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10 2 markers

TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporation | s |
|--------------------------|---|--|
| SUBJ | ECT: Thaler's | Printing Center, INc. |
| | | (Name of Corporation) |
| DOC | UMENT NUMBER: | 610462 |
| The en | nclosed Resignation of Re | egistered Agent for a Corporation and fee are submitted for filing. |
| Please | return all correspondence | e concerning this matter to the following: |
| | Morton Thaler | |
| | (Name of | Person) |
| | Thaler's Printing | |
| | (Name of Firm | n/Company) |
| | 7754 N.W. 44th | Street |
| | (Addr | ess) |
| | Sunrise, FL 333 | |
| | (City/State and | d Zip Code) |
| For fu | rther information concern | ing this matter, please call: |
| | Morton Thaler | at (954) 741-6522 (Area Code & Daytime Telephone Number) |
| | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclo or \$35 | sed is a check made payal 5.00 for an administrative | ple to the Florida Department of State for \$87.50 for an active corporation by dissolved, voluntarily dissolved or withdrawn corporation. |
| Amen Divisi P.O. F | ng Address: dment Section on of Corporations Box 6327 assee, FL 32314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607. | .0502(2), 617.0502(2), 607.1509, or 617.1509, | | |
|---|---|--|--|
| Florida Statutes, the undersigned, | Warren Thaler | | |
| | (Name of Registered Agent) | | |
| hereby resigns as Registered Agent for | Thaler's Printing Center, Inc. | | |
| incredy resigns as Registered Agent for | (Name of Corporation) | | |
| 610462 | | | |
| (Document Number, if known) | • | | |
| | he above listed corporation at its last known address. | | |
| this statement is filed. | · · · · · · · · · · · · · · · · · · · | | |
| Warren 3 | That ature of Resigning Agent) | | |
| (Signature of Resigning Agent) | | | |
| If signing on behalf of an entity: | SEE OF PA | | |
| WARREN T | That the second | | |
| | | | |
| | (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