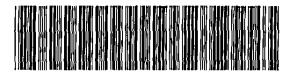
## 635103

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

from

## TRANSMITTAL LETTER

SUBJECT: Joosten Corporation (Name of Co	ornoration)
· ·	эгроганон)
DOCUMENT NUMBER: 635103	
The enclosed Resignation of Registered Agent for a C	Corporation and fee are submitted for filing
Please return all correspondence concerning this matt	er to the following:
Michael Basile, Esq.	
(Name of Person)	
Stroock & Stroock & Lavan LLP	
(Name of Firm/Company)	
200 South Biscayne Blvd., Suite 3160	
(Address)	
Miami, FL 33131-5323	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please	call:
Michael Basile	789-9350 a Code & Daytime Telephone Number)

n or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provis	ions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	.1509,		
Florida Statutes, the u	ndersigned, S	troock & Stroock & Lavan LLP (Name of Registered Agent)		<del></del>	
hereby resigns as Reg	istered Agent for	Joosten Corporation (Name of Corporation)		,	
635103		(			
(Document Numb	er, if known)	_			
A copy of this resigna	tion was mailed to	o the above listed corporation at its last kno	wn addr	ess.	
The agency is termina this statement is filed.  If signing on behalf of	Muka	discontinued on the 31st day after the date	on whic	h	
Mic	chael Basile		SE	05	
Par	rtner	Typed or Printed Name) (Capacity)	CRETARY OF STATE	SEP -7 AH 11: 40	TILED

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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