(Re	equestor's Name)	•
(Address)		
(Ac	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600046480226

02/16/05--01033--017 \*\*87.50

R, A, Resignation 2-23-05

## CT CORPORATION

February 11, 2005

RE: PAPER PRODUCTS COMPANY OF MOBILE, INC. (AL. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir: or Madam;

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is \_\_1\_\_ check in the amount of \_\_\$87.50 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

कर्मन १९५५ । १८८८ विकास विकास स्थापन स्थ स्थापन स्थापन

Very truly yours,

C T CORPORATION SYSTEM

Thorcea Alfieri (uk)

Theresa Alfieri Assistant Secretary TA:nh Encl.

> 111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

## FILED

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2005 FEB 18 PM 3: 16

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	PAPER PRODUCTS COMPANY OF MOBILE, INC.	
	(Name of Corporation)	
819928		
(Document Number, if known)	To the state of th	
A copy of this resignation was mailed t	o 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	
Jfall	A	
(S)	grature of Resigning Agent)	
If signing on behalf of an entity:		
C T CORPORAT	TION SYSTEM - THERESA ALFIERI	
	Typed or Printed Name)	
AS	SISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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