829302

| (Red | juestor's Name) | |
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| (Add | lress) | |
| (City | //State/Zip/Phone | #) |
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| (Bus | iness Entity Nam | ne) |
| (Document Number) | | |
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COVER LETTER

| TO: Amendment Section | |
|--|------|
| Division of Corporations | |
| SUBJECT: The Schemmer Associates, Inc. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: 829302 | |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil | ing. |
| Please return all correspondence concerning this matter to the following: | |
| Emery H. Rosenbluth Jr. | |
| (Name of Person) | |
| · · | |
| Fisher, Rushmer, Werranrath, Dickson, Talley & Duni | |
| (Name of Firm/Company) | |
| 20 N. Orange Avenue, Suite 1500 | |
| (Address) | |
| Orlando, FL 32801 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Emery H. Rosenbluth Jr. at (407) 843-2111 (Name of Person) (Area Code & Daytime Telephone Number) | |
| (Name of Person) (Area Code & Daytime Telephone Number) | |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections | 607.0502(2), 617.0502(2), 607.1509, or 617.150 |)9, | |
|--|---|--|--|
| Florida Statutes, the undersigned, | Emery H. Rosenbluth Jr. | | |
| | (Name of Registered Agent) | | |
| hereby resigns as Registered Agent for The Schemmer Associates, Inc, | | | |
| nervey realigned as regulater and an an | (Name of Corporation) | / | |
| 829302 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed | d to the above listed corporation at its last known | address. | |
| The agency is terminated and the offithis statement is filed. | ce discontinued on the 31st day after the date on | 7 | |
| | (Signature of Resigning Agent) | E. € 9. € | |
| If signing on behalf of an entity: | | FILED 09 MAR 23 AM ID: 08 SEURETARY OF STATE ALLAHASSEE, FLORID | |
| | (Typed or Printed Name) | OR C | |
| | | 5 | |
| | | | |
| | | | |

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

(Capacity)