85100

Requ	estor's Name	•
C T CORF	PORATION SYSTEM	2000025235125
1633	3 BROADWAY	#####35.00°#####35.00
	NEW YORK, N. Y. 10019	
Tel. 212	246 5070	Office Use Only
CORPORATION N	AME(S) & DOCUMENT NUM	BER(S), (if known):
1(Como	ration Name) (Do	cument #)
` .		· · · · · · · · · · · · · · · · · · ·
Z(Corpo	ration Name) (Do	cument #)
3	ration Name) (Do	cument #)
. (Corpo	ration Name)	
4(Corpo	ration Name) (Do	ocument #)
•		_ <u>4</u> 8 9
☐ Walk in ☐	Pick up time	☐ Certified Copy
☐ Mail out	Will wait Photocopy	Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	FEE
NonProfit	Resignation of R.A., Officer/Dire	ctor
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	**
Fictitious Name	Limited Partnership	$\wedge \wedge \wedge \wedge$
Name Reservation	Reinstatement	CH RO
	Trademark	K CP (
	Other	

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the	provisions of sections but	.0502(2) 01 607.150	19, Florida Statues, the
undersigned.	C T CORPORATION SYSTEM		hereby resigns as
	(name of registered	agenti	
Registered Age	nt for SABLE PAIMS, I	_NU.	
	(name	e of corporation)	
ORGANIZED UNI	DER THE LAWS OF THE STAT	E OFMAR	YLAND
address. 2 B	esignation was mailed to the Street saltimore, Md. 21201 other: Harvey M. Meyerho:	ff	
The agency is t which the state	erminated and the office d ment was filed.	iscontinued on the 3	Bist day after the date on
		-· <i>j</i>	ATURE SECRETARY

FEE FOR FILING THIS DOCUMENT:
\$87.50-Active Corporation
\$35.00-Administratively Dissolved Corporation