## 858 4413

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<b>⇒#</b> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(	20,100	,
	cument Number)	
(50	cument Number)	
	<b></b>	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		
		1
		ļ

Office Use Only



200268695502

01/28/15--01031--002 \*\*87.50

15 JAN 28 AH IO: 59

JAN 3 0 2014 C. CARROTHER .

## **COVER LETTER**

Division of Corporations
SUBJECT: Royal Bank of Canada, Miami Branch
(Name of Corporation)
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JULIAN STIENS RA (Name of Person)
(Name of Firm/Company)  1547 LANTANA KIVE  (Address)
(1
FORT LANDENGLE FL 33326. (City/State and Zip Code)
For further information concerning this matter, please call:
Tunn Stranska at (351) 987.7341.  (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of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**TO:** Amendment Section

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

<b>1</b>	ons 607.0302(2), 617.0302(2), 607.1309, or 61	17.1509,
Florida Statutes, the undersigned,	Julian M. Stienstra	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	t for Royal Bank of Canada	
nereby resigns as Registered Agent	(Name of Corporation)	
(Document Number, if known)	<del></del>	
A copy of this resignation was mail	iled to the above listed corporation at its last k	nown address.
this statement is filed. $\frac{\dot{x}}{}$	(Signature of Resigning Agent)	te on which
If signing on behalf of an entity:		
		ु ज
	(Typed or Printed Name)	J. 28
	(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withdrawn corporation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