## Requester's Name () Calculate/Zip Phone#

Office Use Only

Examiner's Initials

| · · · · · · · · · · · · · · · · · · ·                                 | ACENIC NITIMOPPOS) (if known):  |
|---|---|
| RPORATION NAME(S) & DOCUM   | 200003228292<br>-04/28/0001040001<br>   |
| (Corporation Name)  | (Document #)  |
| ☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait                     | Certified Copy Photocopy Certificate Statius  |
| NEW FILINGS   | AMENDMENTS  |
| ☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger              |
| OTHER FILINGS   | REGISTRATION/QUALIFICATION  |
| Annual Report Fictitious Name   | Dissolution/Withdrawal  Merger  REGISTRATION/OUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other |

## RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  |
|--|
| Florida Statutes, the undersigned,John_Seall (Name of registered agent)  |
| hereby resigns as Registered Agent for <u>Financial Resource Technology</u> , LTD. (Name of corporation)   |
| A copy of this resignation was mailed to the above listed corporation at its last known address.   |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Compared to the statement of the state |
| (Typed or Printed Name)  |
| (Capacity)   |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314