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City/State/Zip

CR2E031(7/97)

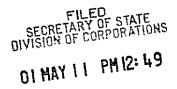
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A Change of Registe Dissolution/Without Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/Q	MIZ:



RESIGNATION OF REGISTERED AGENT

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