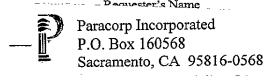
## F00000003260



City/State/Zip

CR2E031(7/97)

Phone #

Office Use Only

Examiner's Initials

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

1.		
(Corporation Name)	(Document#)	0000059265900 -06/24/0201056014 ******35.00 ******35.00
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	<u> </u>
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time		☐ Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R. Change of Registe Dissolution/Without Merger	ered Agent A
OTHER FILINGS	REGISTRATION/Q	UALIFICATION 3
Annual Report Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	· -

## RESIGNATION OF REGISTERED AGENT

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\$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