70000003992

| (Requestor's Name) | |
|---|--|
| | |
| (Address) | |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| · | |
| | |
| | |
| | |
| | |

Office Use Only



700235047917

05/23/12--01025--001 **105.00



Ox.

MAY 2 4 2012 C. MUSTAIN

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or 617 | 7.1509, | |
|--|--|--------------|----|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM | | |
| | (Name of Registered Agent) | | |
| | GUIDANCE PATHWAY SYSTEMS, INC. | (MA.DOM) | |
| hereby resigns as Registered Agent for | (Name of Corporation) | , | |
| | (Name of Corporation) | | |
| F0000003992 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to | o the above listed corporation at its last known | own address. | |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date | e on which | |
| IR | aef | ₩ 12 12 | |
| (Si | gnature of Resigning Agent) | | |
| If signing on behalf of an entity: | | 2 MAY 23 | 77 |
| C T CORPORAT | TION SYSTEM - THERESA ALFIERI | | |
| | (Typed or Printed Name) | AM 10: 52 | |
| | | | |
| AS | SISTANT SECRETARY | ¥ | |

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)