F000000055643

| (Requestor's Name) |
|---|
| (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: |
| |
| |
| |
| |





800175344988

04/20/10--01013--014 **175.00



OB OF John

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or | r 617.1509, |
|---|---|-------------------|
| Florida Statutes, the undersigned, CT CORPORATION SYSTEM (Name of Registered Agent) | | EM |
| | | |
| hereby resigns as Registered Agent for | ANC INFORMATION TECHNOLOGY | HOLDING, |
| more by reasons as reagnetical regime for | INC (DF. DOM.) (Name of Corporation) | , |
| F00000005643 | | |
| (Document Number, if known) | Nada- | |
| A copy of this resignation was mailed t | o the above listed corporation at its las | st known address. |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after the | date on which |
| lae | all | 10 AF |
| — (Si | gnature of Resigning Agent) | HASA T |
| If signing on behalf of an entity: | | |
| • | | |
| C T CORPORA | ΓΙΟΝ SYSTEM - THERESA ALFIERI | ®A ?? |
| | (Typed or Printed Name) | A ST |
| AS | SISTANT SECRETARY | |
| | (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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