

F00000005656

(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:

Office Use Only



800021448408

07/21/03--01058--010 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 25 AM 11:19

FILED

F00000005656
HP 2000 01
7-25-03



July 15, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: BROADFRAME CORPORATION
Document # F00000005656

03 JUL 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dear Filing Clerk:

Enclosed find a Statement of Resignation of Registered Agent and payment for the filing fees check # 6545 in the amount of \$85.00 for the above referenced entity. At your earliest convenience file the enclosed statement with your office.

Return the file stamped copy to the undersigned, enclosed you will find a self-addressed envelope for your convenience. If you have any questions please contact extension 131 at (800) 345-4647. Thank you for your prompt attention to this matter.

Thank you,

Chris Laga

Enclosure

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CAPITOL CORPORATE SERVICES, INC
(Name of Registered Agent)

hereby resigns as Registered Agent for BROADFRAME CORPORATION
(Name of Corporation)

F00000005656
(Document Number, if known)

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.

Cheryl Roberts
(Signature of Resigning Agent)

If signing on behalf of an entity:

CHERYL ROBERTS
(Typed or Printed Name)

PRESIDENT
(Capacity)

FILED
03 JUL 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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