F00000005999

| (Requestor's | s Name) |
|-----------------------------------|-----------------------|
| (Address) | |
| (Address) | |
| (City/State/Z | ip/Phone #) |
| PICK-UP V | VAIT MAIL |
| (Business E | ntity Name) |
| (Document Number) | |
| Certified Copies Ce | ertificates of Status |
| Special Instructions to Filing Of | ficer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|----------------------------------|-----------------|---------------------|
| SUBJECT: LOC LIQUIDATION CO. I | NC. | | |
| (Name of Corporal | tion) | | |
| DOCUMENT NUMBER: F00000005999 | <u> </u> | • | |
| The enclosed Resignation of Registered Agent for a Corpor | ration and fee are submitted for | filing. | |
| Please return all correspondence concerning this matter to t | he following: | | |
| Gina M. Corona | | | |
| (Name of Person) | - | | |
| National Corporate Research, Ltd. | 1 | | |
| (Name of Firm/Company) | - | | |
| 615 S. Dupont Hwy | • | | |
| (Address) | - > | 18 3 | |
| Dover, DE 19901 | | THE SECOND | : 1 |
| (City/State and Zip Code) | - ., ,, | 27 | |
| For further information concerning this matter, please call: | | | - " a - 1 - 4 |
| Gina M. Corona at (866 | ,621-3524 | | |
| | & Daytime Telephone Number) | نہ جو رہ | |
| | | | _ |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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, National Corporate Research, Ltd. |
|---|
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for LOC LIQUIDATION CO. INC. |
| (Name of Corporation) |
| F0000005999 |
| (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. |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| Florence Spelzhausen |
| Florence Spelzhausen (Typed or Printed Name) (Typed or Printed Name) (Typed or Printed Name) |
| Assistant 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