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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	i

Office Use Only



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RES 10/23/13

COVER LETTER

_{CT:} Aristar, Inc.	
(Name of Corporation	on)
MENT NUMBER: F01000002950	
osed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
turn all correspondence concerning this matter to the	e following:
A. Martell	
(Name of Person)	
Agent Co.	
(Name of Firm/Company)	
Embassy Parkway, Suite 300	
(Address)	
n, OH 44333	
(City/State and Zip Code)	
er information concerning this matter, please call:	
A. Martell at (330	643-0204 & Daytime Telephone Number)
1 (:1	(Name of Corporation DIENT NUMBER: F01000002950 Dosed Resignation of Registered Agent for a Corporation Turn all correspondence concerning this matter to the A. Martell (Name of Person) Agent Co. (Name of Firm/Company) Embassy Parkway, Suite 300 (Address) n, OH 44333 (City/State and Zip Code) er information concerning this matter, please call: A. Martell (330)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, BDB Agent Co.
(Name of Registered Agent)
hereby resigns as Registered Agent for Aristar, Inc.
(Name of Corporation)
F0100002950
(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:
Ruth A. Martell
(Typed or Printed Name)
Assistant Secretary
(Capacity)
(Capacity)
CAD .

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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