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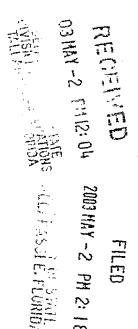
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Coples Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			Art of Inc. File	
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			Fictitious Name File	
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			Annual Report / Reinstatement	
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FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM. SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6 Florida Statues, the undersigned, Capital Connection, Inc. (Name of registered agent) hereby resigns as Registered Agent for

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.

If signing on behalf of an entity:

Weimar Lopez (Typed or Printed Name)

Registered Agent Coordinator (Capacity)

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation