## FOZUCION PSQ

(Re	questor's Name)	<del>.</del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	, 0

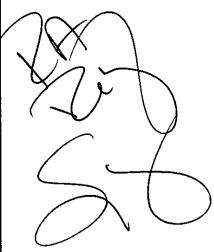


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SECRETARY OF STATE

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## COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: SEALY OPERATING III, INC. (Name of Corporation) DOCUMENT NUMBER: F02000002852 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rhonda Maybin (Name of Person) Capitol Services Registered Agent Department (Name of Firm/Company) 800 Brazos, Suite 400 (Address) Austin, Texas 78701 (City/State and Zip Code) For further information concerning this matter, please call: Rhonda Maybin at (<u>800</u>) 345-4647 (Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0	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	SEALY OPERATING III, INC. (Name of Corporation)	
F0200002852 (Document Number, if known)	•	
A copy of this resignation was mailed to th	e above listed corporation at its last	known address.
The agency is terminated and the office disthis statement is filed.	scontinued on the 31st day after the	date on which
Che	enflowers	
If signing on behalf of an entity:	are of Resigning Agent/	2010 JUL SECKETA TALLAHAS
	neryl Roberts ed or Printed Name)	Ser of the series
	President (Capacity)	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