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COVER LETTER

TO:	O: Amendment Section Division of Corporations					
SUB	JBJECT: Nova Cinetech, Inc.			ł		
	(Name	of Corpora	ation)			•
DOC	OCUMENT NUMBER:				<u> </u>	
The e	ne enclosed Resignation of Registered Agent fo	r a Corpo	ration and	fee are sub	mitted for filing.	•
Pleas	ease return all correspondence concerning this	matter to	the follow	ing:		
Albe	Albert Kolkmeyer	; ~			سناه ازری شا ۱۰ سا	٠٠.
	(Name of Person)			•		
Nov	lova Cinetech, Inc.			. '		
	(Name of Firm/Company)	_	_			
507	07 W Ridge Street					
	(Address)		_			
Yorl	orkville, Illinois 60560					
	(City/State and Zip Code)		_			
For fu	or further information concerning this matter, pl	ease call:	;·			
Albe	lbert Kolkmeyer at (815	786-	6577		
	lbert Kolkmeyer at ((Area Cod	le & Daytir	ne Telephone	Number)	
Enclo or \$3:	sclosed is a check made payable to the Florida I \$35.00 for an administratively dissolved, volume	Departmentarily dis	nt of State solved or	for \$87.50- withdrawn c	for an active cor corporation.	poratior
j			, ,			
Amen Divisi Clifto 2661	reet Address: mendment Section vision of Corporations ifton Building 61 Executive Center Circle llabassee, FL 32301 Mailing Ad Amendment Division of Post Office Tallahassee,	t Section Corporation Box 6327	7			

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, Carol Dever					
	(Name of Registered Agent)				
hereby resigns as Registered Agent for	Nova Cinetech, Inc.				
	(Name of Corporation)				
	<u> </u>				
(Document Number, if known)					
A copy of this resignation was mailed to	o the above listed corporation at its last known address.				
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which				
Carol S	gnature of Resigning Agent)				
If signing on behalf of an entity:					
	,				
(Typed or Printed Name)				
	Acceptance of the second secon				

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)