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R. WHITE

## **COVER LETTER**

**Division of Corporations SUBJECT:** Source Interlink International, Inc. (Name of Corporation) F03000004964 DOCUMENT NUMBER: 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: ROBIN MOLT (Name of Person) CORPORATION SERVICE COMPANY (Name of Firm/Company) **80 STATE STREET** (Address) **ALBANY NY 12207** (City/State and Zip Code) For further information concerning this matter, please call: ROBIN MOLT (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 6	07.1509, or 617.1509,
Florida Statutes, the undersigned, CORPORATION SERVICE	CE COMPANY
(Name of Regis	<b>.</b>
hereby resigns as Registered Agent for Source Interlink	nternational, Inc.
(Name of Co	rporation)
F0300004964	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporati	on at its last known address.
The agency is terminated and the office discontinued on the 31st d this statement is filed.	ay after the date on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
ROBIN MOLT	五章 5
(Typed or Printed Name)	
ASST SECRETARY	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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