(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
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03/19/12--01025--022 \*\*175.00

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
hereby resigns as Registered Agent for	(Name of Registered Agent) ALLIANCE SETTLEMENT SERVICES COMPANY. (PA DOM) (Name of Corporation)	
F030000005444		
(Document Number, if known)	<del>_</del>	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which  gnature of Resigning Agent)	
	TION SYSTEM - THERESA ALFIERI	
	Typed or Printed Name)	
AS	SISTANT SECRETARY	
	(Capacity) 9:50	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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