## Fo40001933

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

ASR 6 19101



CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

June 6, 2007

RE: CRUZEN EQUIPMENT COMPANY, INC. (TN.DOM.)
OXFORD SETTLEMENT SERVICE, INC., (MD.DOM.)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is  $\underline{1}$  check in amount of  $\underline{\$175.00}$  to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri(lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary

TA/lk Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	OF REGISTERED AGENT CORPORATION	FILED SECRETARY OF TALLAHASSEE.F
Pursuant to the provisions of sections 607.	.0502(2), 617.0502(2), 607.1509, or 617.	1500元 万
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	- FG 3 0
O. hereby resigns as Registered Agent for (A	(Name of Registered Agent) XFORD SETTLEMENT SERVICES, INC. MD.DOM.) (Name of Corporation)	3: 07
F04000001933		
(Document Number, if known)		
A copy of this resignation was mailed to the	he above listed corporation at its last kno	wn address.
The agency is terminated and the office dithis statement is filed.		on which
If signing on behalf of an entity:	iture of Resigning Agent)	
C T CORPORATIO	ON SYSTEM - THERESA ALFIERI	
(Ту	ped or Printed Name)	
ASSIS	STANT SECRETARY	
	(Capacity)	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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