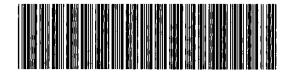
F04000003071

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City/	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Busi	iness Entity Nan	ne)		
(Document Number)				
Certified Copies		of Status		
Special Instructions to Fi	iling Officer:	,		

Office Use Only

RA/RES Ma, W. 15. DU



900075659239

06/12/06--01028--002 **35.00

06 JUN 12 AM IO: 00 SEURETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

Division of Corporations	·
SUBJECT: INVESTMENT CONCEPTS, INC	
(Name of	Corporation)
DOCUMENT NUMBER: F04000003071	
The enclosed Resignation of Registered Agent for a	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
RAMONA GAGNON	
(Name of Person)	
PARACORP INCORPORATED	
(Name of Firm/Company)	
PO BOX 160568	
(Address)	
SACRAMENTO, CA 95816-0568	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Ramona Gagnon at (888) 272-5448
	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pr	rovisions of sections 6	07.0502(2), 617.0502(2), 607.1509, c	or 617.150	9,	
Florida Statutes,	the undersigned, PA	RACORP INCORPORATED			
		(Name of Registered Agent)			-
hereby resigns as	Registered Agent for	INVESTMENT CONCEPTS, INC) .		
, J		(Name of Corporation)			
F0400000307	1				
(Document	Number, if known)				
A copy of this res	signation was mailed to	o the above listed corporation at its la	st known a	address.	•
The agency is ter this statement is		discontinued on the 31st day after the	e date on v	vhich	
	De	i Zollne			
	(21)	gnature of Resigning Agent)			
If signing on beh	alf of an entity:				
	DENISE ZOLLNE		. ΤΑΙ	90	
	(Typed or Printed Name)		ے	
	ASSISTANT SEC	RETARY	HASSE	06 JUN 12 AM 10: 00	FILED
		(Capacity)			Ö
			SE	Ö	
			S A	† 5	
		g this document:	14.42		
	\$87.50 - Act	ive corporation			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/