

705000003247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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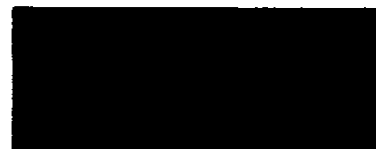


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09 JUN -5 PM 1:50  
SECURITY UP STATE  
TALLAHASSEE, FLORIDA

6/9/09 PRR



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CMLDIRECT INC.

(Name of Corporation)

**DOCUMENT NUMBER:** F05000003247

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:

Mary Jo Spalinger

(Name of Person)

BUSINESS FILINGS INCORPORATED

(Name of Firm/Company)

8040 Excelsior Drive #200

(Address)

Madison, WI 53717

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Jo Spalinger

(Name of Person)

at ( 608 ) 827-5300 x254

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, BUSINESS FILINGS INCORPORATED

(Name of Registered Agent)

hereby resigns as Registered Agent for CMLDIRECT INC.

(Name of Corporation)

F05000003247

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Mary Jo Spalinger  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Mary Jo Spalinger

(Typed or Printed Name)

Asst. Sec. for Business Filings Incorporated

(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**

FILED  
09 JUN -5 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA