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7	_	-	

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

S TALLENT

JUN 1 8 2019

## REGISTERED AGENT RESIGNATION ANNA'S LINENS, INC.

Certificate of Status	0
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#### **COVER LETTER**

→ 18506176380

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Anna's Linens, Inc.
	(Name of Corporation)
DOC	JMENT NUMBER: F05000003502
The er	iclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil
Please	return all correspondence concerning this matter to the following:
Alv	n Sayre
	(Name of Person)
Red	gistered Agent Solutions, Inc.
	(Name of Finn/Company)
170	1 Directors Blvd., Suite 300
	(Address)
Aus	stin, TX 78744
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Alv	(Name of Person) at (888) 705-7274 (Area Code & Daytime Telephone Number)
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	ions 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned.	Registered Agent Solutions, Inc.	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	nt for Anna's Linens, Inc.	
	(Name of Corporation)	
F05000003502		
(Document Number, if known)	<del></del>	
A copy of this resignation was ma	ailed to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	(Signature of Resigning Agent)  SECRETARY FALL FRACE	
Justine Kar	·	5 € € 2 = =======
	(Typed or Printed Name)	
Assistant Sec	다른 구 다.	

### 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)