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resignation B RA

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2000 OCT IL PH I2: 52

SECRETARY OF STATE

PSP 10/08

COVER LETTER

FOUITY 1 I ENDERS OF	DOLID INC
SUBJECT: EQUITY 1 LENDERS GI	(Name of Corporation)
E060000	• • •
DOCUMENT NUMBER: F0600000	75 104
The enclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concert	ning this matter to the following:
SHARON COOKE	
(Name of Person)	
PARACORP INCORPORATED	
(Name of Firm/Compar	ny)
236 EAST 6TH AVENUE	
(Address)	
TALLAHASSEE FL 32303 US	
(City/State and Zip Cod	le)
For further information concerning this	matter, please call:
SHARON COOKE	at (888) 886-7166
(Name of Person)	(Area Code & Daytime Telephone Number)

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

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RESIGNATION OF REGISTERED AGENT 2008 OCT 14 PM 12: 52

SECRETARY OF STATE TALLAHASSEE, FLORID!

Pursuant to the provision	ns of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	,,
Florida Statutes, the un-	dersigned, PARACORP INCORPORATED	
	(Name of Registered Agent)	
hereby resigns as Regis	ered Agent for EQUITY 1 LENDERS GROUP, INC.	,
	(Name of Corporation)	
F06000005104		
(Document Numbe	, if known)	
A copy of this resignati	on was mailed to the above listed corporation at its last known add	ess.
The agency is terminate this statement is filed.	d and the office discontinued on the 31st day after the date on which (Signature of Resigning Agent)	h
If signing on behalf of a	n entity:	
NIN	H HO, ASSISTANT SECRETARY	
	(Typed or Printed Name)	
ASS	ST SECRETARY, PARACORP 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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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