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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Fax Number

: (800)221-2972 : (888)692-9256

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

Email Address:

REGISTERED AGENT RESIGNATION MERCHANTS HOSPITALITY INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MERCHANTS HOSPITALITY INC.

(Name of Corporation)

DOCUMENT NUMBER: F06000005314

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:

TRACEE COTTON

(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Firm/Company)

16 COURT ST 14TH FLOOR

(Address)

BROOKLYN, NY 11241

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COTTON at (800) 221-2972 X1550 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provi	sions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
	undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
	(Name of Registered Agent)
hereby resigns as Reg	gistered Agent for MERCHANTS HOSPITALITY INC.
Engangage	(Name of Corporation)
F0600000531	
(Document Num	ber, if known)
A copy of this resigna	ation was mailed to the above listed corporation at its last known address.
The agency is termina this statement is filed	ated and the office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
f signing on behalf o	San entity:
ZE	INA HASSOUN
	(Typed or Printed Name)
AS	SISTANT SECRETARY
	(Capacity)
М	Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation ake checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314