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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES
Account Number : I19980000007
Phone : (407)425-1020
Fax Number : (407)839-3635

REGISTERED AGENT RESIGNATION

IC PLACES, INC.

Certificate of Status	0
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Jul 21 2009 11:14am P002/002

Fax Audit No.: H09000166858 3

**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, Mark L. Ornstein

(Name of Registered Agent)

hereby resigns as Registered Agent for IC Places, Inc.

(Name of Corporation)

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(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.


Mark L. Ornstein (Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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withdrawn corporation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**

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