THE PROPERTY OF THE PARTY OF TH

F07000002110

(Re	equestor's Name)	
(Ac	ddress)	
	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
	usiness Entity Nar	
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800182985648

07/19/10--01043--018 **437.50

10 JL 19 PN 1: 18
SEGRETARY OF STATE
TALLAHASSEE FOR STATE

RA Resign C.COULLIETTE

JUL 2 0 2010

EXAMINER

July 12, 2010

RE: ABSOLUTE MEDICAL USA, INC. (AR. DOM.)
ATLAS METAL FABRICATORS, INC. (FL. DOM.)
INTELLIGENT DECISIONS, INC. (VA. DOM.)
MIAMI INTERNATIONAL HOLDINGS, INC. (DE. DOM.)
OFFICE SOURCE, INC. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>437.50</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

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, C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
	OFFICE SOURCE, INC. (DE. DOM.) hereby resigns as Registered Agent for,	
	(Name of Corporation)	
	F07000002110	A PARTY AND
	(Document Number, if known)	* 40, 750, 10
	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.	
	this statement is filed.	
	Maril .	
.	(Signature of Resigning Agent)	
•		
, ·	If signing on behalf of an entity:	
	C T CORPORATION SYSTEM - THERESA ALFIERI	
	(Typed or Printed Name)	
	(Types of Times Tunio)	
	ASSISTANT SECRETARY	
ű.	(Capacity)	
	(Capacity)	
7 C C C C C C C C C C C C C C C C C C C		The Kan
		Manager and the rate of
	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	withdrawn corporation	•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