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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
,	·····,	,
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	(Name of Person)	at () ode & Daytime Telephone Number)
Brenna	Lutter	608 at (827-5300
For fu	orther information concerning this m	atter, please cal	1:
	(City/State and Zip Code)	
Madisc	on WI 53717		
	(Address)		
8020 E	xcelsior Dr Ste 200		 -
	(Name of Firm/Company	')	
BizFili	-		
	(Name of Person)		
Brenna			
Please	e return all correspondence concerni	ng this matter to	o the following:
			oration and fee are submitted for filing.
	· · · · · · · · · · · · · · · · · · ·		
15/1/21	JMENT NUMBER: F08000002520	(Name of Corpo	Tattori,
SUBJ	ECT: Signal 88 Franchise Group, Inc.	(Name of Corpo	ration)
	Cional 99 Remarking Community		
TO:	Amendment Section Division of Corporations		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons $607.0503(2)$, $617.0502(2)$, 607.1509 , or 617.1509 ,
Florida Statutes, the undersigned,	Business Filings Incorporated
Morida Statutes, the undersigned,	(Name of Registered Agent)
hereby resigns as Registered Agen	Signal 88 Franchise Group, Inc.
nereby resigns as registered regen	(Name of Corporation)
F08000002520	
(Document Number, if known)	
A copy of this resignation was ma	siled to the above listed corporation at its last known address.
The agency is terminated and the other statement is filed.	office discontinued on the 31st day after the date on which (Signature of Resigning Agent)
If signing on behalf of an entity:	
Brenna Lutter	
	(Typed or Printed Name)
Asst Secretary	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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