## F08000005463

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
<u>_</u>	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
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SECULTARY OF STATE OF VISION OF CORPORATIONS

14 JUN 30 AM 9: 04

C. LEWIS

JUL 1 6 2014

EXAMINER

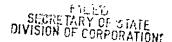
## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: PURFRESH, INC.	
(Name of Corporation DOCUMENT NUMBER: F0800005463	on)
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Tiffany Roth (Name of Person)	
National Corporate Research, Ltd.  (Name of Firm/Company)	
615 S Dupont Hwy	
Dover, DE 19901 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Tiffany Roth (Name of Person)  at (866 (Area Code	621-3524 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 14 JUN 30 AM 9: 05 FOR A CORPORATION

	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	National Corporate Research, Ltd.
,	(Name of Registered Agent)
hereby resigns as Registered Agen	ut for PURFRESH, INC.
nereby resigns as registered Agen	(Name of Corporation)
F08000005463	
(Document Number, if known)	<del></del>
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which
·	-fm
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Florence S	pelzhausen
	(Typed or Printed Name)
Assistant S	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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