Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000228599 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

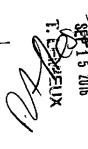
REGISTERED AGENT RESIGNATION PREFERRED DISTRIBUTION INC.

Certificate of Status	0
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COVER LETTER

	Amendment Section Division of Corporations	
SUBJE	PREFERRED DISTRIBUTION INC.	
SODGE	(Name of Corporat	ion)
DOCU	MENT NUMBER: F10000004388	and the second s
	closed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing
Please r	return all correspondence concerning this matter to t	he following:
	Wendy Hefley	
	(Name of Person)	-
	Incorp Services, Inc.	
	(Name of Firm/Company)	-
3773	3 Howard Hughes Parkway, Suite 500S	
	(Address)	_
	Las Vegas, NV 89169-6014	
	(City/State and Zip Code)	-
For furt	ther information concerning this matter, please call:	
Wend	y Hefley for Incorp Services, Inc. at (866-2500 ext. 6601
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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160002285993

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, Incorp Services, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for PREFERRED DISTRIBUTION INC.
(Name of Corporation)
F10000004388
(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. InCorp Services, Inc. (Signature of Resigning Agent)
If signing on behalf of an entity:
Wendy Hefley
(Typed or Printed Name)
Authorized Representative
(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