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.

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H120001456453ABC

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

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

Email Address:

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## REGISTERED AGENT RESIGNATION THREE S PROPERTIES, INC.

Certificate of Status	0
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## H12000145645.3

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: THREE S PROPERTIES, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: F11000001890
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
TUN	IISHA SCOTT
•	(Name of Person)
INC	ORPORATING SERVICES, LTD.
	(Name of Firm/Company)
350	S. DUPONT HIGHWAY
	(Address)
יסם	/ER, DE 19901
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
TUN	ISHA SCOTT at ( 302 ) 531-0855  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amen Divisi Clifto 2661	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle passee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	INCORPORATING SERVICES, LTD.
	(Name of Registered Agent)
hereby resigns as Registered Agent	for THREE S PROPERTIES, INC.
	(Name of Corporation)
F11000001890	
(Document Number, if known)	
A copy of this resignation was mail	led to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date on which
•	(Signature of Resigning Agent)
If signing on behalf of an entity:	12 J
Candice B. S	
Assistant Sec	retary 2
_ <del>_</del>	(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