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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 : (302)531-0855 Phone

: (850)656-7953 Fax Number

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

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## REGISTERED AGENT RESIGNATION TALMERY COMPANY

Certificate of Status	0
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OCT 11 2012

T. ROBERTS

10/10/2012

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## **COVER LETTER**

DOCUMENT NUMBER: F11000003367  The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for the return all correspondence concerning this matter to the following:	— For filing
	for filing
Please return all correspondence concerning this matter to the following:	Simili 101
TUNISHA SCOTT	
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
3500 S. DUPONT HIGHWAY	
(Address)	
DOVER, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TUNISHA SCOTT at ( 302 ) 531-0855	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

DIVISION OF CORPORATIONS
H12000246322 3 12 OCT 10 AM 10: 29

## 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, INCORPORATING SERVICES, LTD.  (Name of Registered Agent)
hereby resigns as Registered Agent forTALMERY COMPANY
(Name of Corporation)
F11000003367
. (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.  (Signature of Resigning Agent)
If signing on behalf of an entity:
Candice B. Swetland (Typed or Printed Name)
(-)
Assistant 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