Division of Corporations **Electronic Filing Cover Sheet**

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(((H140001318023)))



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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 future annual report mailings. Enter only one email address please.

REGISTERED AGENT RESIGNATION MICRO FILINGS, INC

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COVER LETTER

	Division of Corporations	
SUBJI	ECT: MICRO FILINGS, INC	
	(Name of Corporation) JMENT NUMBER: F12000002090	
	nclosed Resignation of Registered Agent for a Corporation and fee are suf	omitted for filing
	return all correspondence concerning this matter to the following:	
	Wendy Hefley	
	(Name of Person)	
	Incorp Services, Inc.	
	(Name of Firm/Company)	
	2360 Corporate Circle, Suite 400	
	(Address)	
	Henderson, NV 89074	
	(City/State and Zip Code)	
	rther information concerning this matter, please call:	
Wend	dy Hefley for Incorp Services, Inc. at (702) 866-2500 ex	
	(Name of Person) (Area Code & Daytime Telephor	ne Number)

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 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	9,	
Florida Statutes, the undersigned, Incorp Services, Inc.		
(Name of Registered Agent)		
hereby resigns as Registered Agent for MICRO FILINGS, INC		
(Name of Corporation)		
F12000002090		
(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 within statement is filed. InCorp Services, Inc.	vhich	
News 1		
(Signature of Resigning Agent) If signing on behalf of an entity:		
Wendy Hefley		
(Typed or Printed Name)		
Authorized Representative	14 JUN -1	
(Capacity)	4 33	
	N-6 M Se	
Fee for filing this document:	3.7	
\$87.50 - Active corporation		
\$35.00 - Administratively dissolved/voluntarily dissolved/	©	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

withdrawn corporation