

F12 00000 2346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/14--01001--014 **35.00

RECEIVED
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXATION
2014 SEP 29 PM 4:07
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

FILED
2014 SEP 29 AM 10:56
TALLAHASSEE, FLORIDA
SECRETARY OF REVENUE

SEP 30 2014
C. CARROTHERS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BAHAMAS SPORTFISHING &

CONSERVATION CORPORATION

Signature _____

Requested by: BAN

9/29

PM

Name _____

Date

Time

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

☒ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

14 SEP 29 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Yow Capital Connection, Inc
(Name of Registered Agent)

hereby resigns as Registered Agent for

Bahamas Sportsfishing & Conservation Corporation
(Name of Corporation)

F12000062346
(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.

Barbara Neeley
(Signature of Resigning Agent)

If signing on behalf of an entity:

BARBARA Neeley
(Typed or Printed Name)

Client Rep.
(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