

F1200004303

Division of Corporations
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : T20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address: _____

REGISTERED AGENT RESIGNATION
BETA FINANCE COMPANY INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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17 AUG 21 AM 10:31
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BETA FINANCE COMPANY INC
(Name of Corporation)

DOCUMENT NUMBER: F12000004303

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGOT MULLIN

(Name of Person)

REGISTERED AGENT SOLUTIONS, INC.

(Name of Firm/Company)

1701 DIRECTORS BLVD, SUITE 300

(Address)

AUSTIN, TX 78744

(City/State and Zip Code)

For further information concerning this matter, please call:

MARGOT MULLIN at (888) 705-7274

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

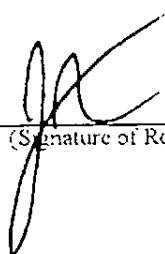
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, REGISTERED AGENT SOLUTIONS, INC.
(Name of Registered Agent)
hereby resigns as Registered Agent for BETA FINANCE COMPANY, INC.
(Name of Corporation)

F12000004303

(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:

JUSTINE KARNELL

(Typed or Printed Name)

ASSISTANT SECRETARY, REGISTERED AGENT SOLUTIONS, INC.

(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

17 AUG 21 4:10:30

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA