

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052 Phone : (850)656-7956 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:

REGISTERED AGENT RESIGNATION COMMERCIAL TRADE SOURCE, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COMMERCIAL TRADE SOURCE, INC.
(Name of Corporation) DOCUMENT NUMBER: F1300000078
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:
TUNISHA SCOTT
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S. DUPONT HWY
(Address)
DOVER, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
TUNISHA SCOTT (Name of Person) (Area Code & Daytime Telephone Number)
(rame or a many (ram over so paymin telephone ramana)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

H150000504243

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)
harshy regions as Bagistand Agent for COMMERCIAL TRADE SOURCE, INC.
hereby resigns as Registered Agent for (Name of Corporation)
F1300000078
(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)
(Signature or registring users)
If signing on behalf of an entity:
S S S S S S S S S S S S S S S S S S S
TUNISHA SCOTT
TUNISHA SCOTT (Typed or Printed Name)
် ကို
ASST. 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