

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000038984 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (614)573-3996

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

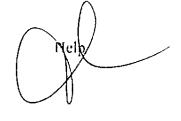
Email Address: cls-agentresignations@wolterskluwer.com

## REGISTERED AGENT RESIGNATION ACCESSDATA GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statutes, the undersigned.  CT CORPORATION SYSTEM (Name of Registered Agent)  hereby resigns as Registered Agent for   ACCESSDATA GROUP, INC.  (Name of Corporation)  F14000000832  (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.  **Takey Helm - Brown**  (Signature of Resigning Agent)  If signing on behalf of an entity:  **NANCY HELM-BROWN**  (Typed or Printed Name)  ASSISTANT SECRETARY		ons 607.0505(2), 617.0502(2), 607.1509, or 617	1.1509.
hereby resigns as Registered Agent for ACCESSDATA GROUP, INC.  [Name of Coperation]  [Name of Coperation]  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.  [Nancy Helm-Brown]  [Signature of Resigning Agent]  [Signature of Resigning Agent]  [Nancy HELM-BROWN]	Florida Statutes, the undersigned,	(Name of Registered Asset)	
(Name of Coperation)  F14000000832  (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.  Mancy Helm - Brown  (Signature of Resigning Agri)  If signing on behalf of an entity:  NANCY HELM-BROWN  (Typed or Printed Nort)	A b	ACCUSED AT A CROICH INC	
(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.  **Mancy Helm - Brown**  (Signature of Resigning Age t)  If signing on behalf of an entity:  **NANCY HELM-BROWN**  (Typed or Printed Name)	nereny resigns as Registered Agen	и тог	<del></del>
A copy of this resignation was mailed to the above listed corporation at its last known addres.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  **Transport Helm - Brown**  (Signature of Resigning Agri)  **Transport**  *	F14000000832		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  **Mancy Helm-Brown**  (Signature of Resigning Agen)  **Mancy Helm-Brown**  **Mancy Helm-Brown**  **Mancy Helm-Brown**  (Typed or Printed Name)	(Document Number, if known)		
Mancy Helm-Brown  (Signature of Resigning Agart)  If signing on behalf of an entity:  NANCY HELM-BROWN  (Typed or Printed Nata)	A copy of this resignation was mai	iled to the above listed corporation at its last kno	own address
NANCY HELM-BROWN  (Typed or Printed Nnt)	<del>-</del> ,	office discontinued on the 31st day after the date	on which
NANCY HELM-BROWN  (Typed or Printed Nnt)			202
NANCY HELM-BROWN  (Typed or Printed Nnt)		Nancy Helm-Brown	ت پتر
NANCY HELM-BROWN  (Typed or Printed Nnt)		(Signature of Resigning Agus)	
	If signing on behalf of an entity:		:S
	NANZOV HETAT DE	MARIN	
	NANCE HELMI-DE		). 11
ASSISTANT SECRETARY			_
	ASSISTANT SECR	ETARY	
(Capacity)		(Capaity)	

## 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