F150000002759

(Demonstrate Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:

Office Use Only



800371274308



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: LINKEO.COM INC
	(Name of Corporation) JMENT NUMBER: F15000002759
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin
Please	return all correspondence concerning this matter to the following:
Em	ily Smith
	(Name of Person)
PA	RACORP INCORPORATED
	(Name of Firm/Company)
PO	BOX 160568
	(Address)
SA	CRAMENTO CA 95833
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Em	ily Smith 800 533.7272
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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. PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for LINKEO.COM INC
(Name of Corporation)
F15000002759
(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:
JODY MOUA
(Typed or Printed Name)
ASST. SECRETARY FOR PARACORP INCORPORATED (Capacity)
· · · · · · · · · · · · · · · · · · ·
Fee for filing this document:
The two tings the two tines.
\$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withdrawn corporation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