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9/25/2018



### Florida Department of State

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 : 120050000052 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 CAUSE X, INC

Certificate of Status	0
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Estimated Charge	\$87.50

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SEP 26 2013

# H18000A79 606 3

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

SURJECT: CAUSE X, INC

(Name of Corporation)

DOCUMENT NUMBER: F17000001417

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:

(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:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

# H180002796063

### 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)

(Name of Corporation)

F17000001417

(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:

AMANDA ARCHAMBAULT

(Typed or Printed Name)

ASSISTANT 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