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.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

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REGISTERED AGENT RESIGNATION VESTAGEN QALICB, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VESTAGEN QALICB, INC.
(Name of Corporation)
DOCUMENT NUMBER: F17000003184
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:
Amanda Archambault
(Name of Person)
Incorporating Services, Ltd. (Name of Firm/Company)
• • •
3500 South DuPont Highway
(Address)
Dover, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
Amanda Archambault at (302 531-0711 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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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)
hereby resigns as Registered Agent for VESTAGEN QALICB, INC.
(Name of Corporation)
F1700003184
(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