| Re HELD VI City/State/Z | quester's Name Address Phone # | | 000462063110/03/0101004002 ******35.00 ******35. | 3 |
|-------------------------|----------------------------------|---|--|----------------|
| CORPORATION | NAME(S) & DOCU | MENT NUMBER(S), (if kno | | |
| | (2) | | · | - |
| 1 | orporation Name) | (Document #) | | <u> </u> |
| (0. | orporation realize, | , | | |
| 2(C | orporation Name) | (Document #) | | *. |
| | | | | |
| 3(C | orporation Name) | (Document #) | | · |
| | | | arrain de la companya del companya del la companya del companya de la companya de | |
| 4(C | orporation Name) | (Document #) | | ÷ |
| ☐ Walk in | Pick up time | | Certified Copy | |
| Mail out | ☐ Will wait | Photocopy | Certificater of Status | |
| | | • | of Si | |
| NEW FILINGS | , | <u>AMENDMENTS</u> | ORIE 6 | |
| Profit Not for Prof | 7.4 | ☐ Amendment ☐ Resignation of R.A., | Officer/Director | ٠ |
| Limited Lia | | Change of Registered | l Agent | - |
| Domesticati Other | on | Dissolution/WithdravMerger | val | - |
| | | _ | Y YYY GA TILON | |
| OTHER FILIN | <u>GS</u> | REGISTRATION/QUA | <u>LIFICATION</u> | |
| Annual Rep Fictitious N | | Foreign Limited Partnership Reinstatement Trademark Other | PHEOLOGIC |) |
| | | ſ | | $\overline{}$ |
| | | | Examiner's Initials | <u> </u> |

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 60 | 7.0502(2), 617.0502(2), 607.1 | 509, or 617 | /.150 9 , |
|--|--------------------------------|---|----------------------|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM | | |
| | (Name of registered | i agent) | |
| hereby resigns as Registered Agent for | ELM TRANSMISSIONS, | INC. | (FL.DOM |
| neceby resigns as registered right for | (Name of corpora | tion) | |
| A copy of this resignation was mailed to | the above listed corporation a | at its last kno | own address. |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day a | ifter the date | on which |
| The | Alf | | |
| (Sig | mature of resigning agent) | | |
| | | | |
| If signing on behalf of an entity: | • | | •• |
| | | 5 | d |
| СТ | CORPORATION SYSTEM | , , , , , , , , , , , , , , , , , , , | |
| | Typed or Printed Name) | *************************************** | |
| | | | |
| | • | • | SEX F |
| ASSIS | TANT SECRETARY | | |
| | (Capacity) | | STAR S |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314