F82330

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: MORGAN and BURNS, , wc. (Name of Corporation)
DOCUMENT NUMBER: F 82330
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:
MICHAEL SHAWE ESQ. (Name of Person)
(Name of Firm/Company)
19 West Flagler Street # 607 (Address)
MIAM (FL 33130 (City/State and Zip Code)
For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Street Address: Amendment Section
Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OL NOV-1 AM 9:29 RESIGNATION OF REGISTERED AGENT SECRETARY OF STATE FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. MICHAEL SHAVE ESQ. (Name of Régistered Agent)
(Name of Régistered Agent)
hereby resigns as Registered Agent for MORGAN+ BURNS, Onc- (Name of Corporation)
F 82330
(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.
Arichael Stare Egy (Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Canaciru)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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