Requester's Name CT Cocordina Address City/State/Zip Phone #	Systen	561	66
New York NY 10	011		
CORPORATION NAME(S) & DOCUM 1(Corporation Name)		Office Use Only f known): A SSE CO T C	00 MAY 22 PM 1:
2. (Corporation Name)	(Document #)	RATION A	
4(Corporation Name) (Corporation Name)	(Document #)	000003262 -05/22/00- *****35.00	:5204 01149013 01*****85.00
☐ Walk in ☐ Pick up time		Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of S	tatus
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of I Change of Regi Dissolution/With Merger		· · · -
OTHER FILINGS	REGISTRATION/	<u>QUALIFICATION</u>	د نېف نسب
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partner ☐ Reinstatement ☐ Trademark ☐ Other	rship	
		Examiner's Initi	als

CR2E031(7/97)

FILED

00 MAY 22 PM 1: 14

RESIGNATION OF REGISTERED AGENT TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, C T CORPORATION SYSTEM (Name of registered agent)	o grafunga iti kejal Lar
hereby resigns as Registered Agent for SILVERADO MARKETING SERVICES, INC. (Name of corporation)	(OK.DOM.)
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:	
C T CORPORATION SYSTEM (Typed or Printed Name)	Art and a second
ASSISTANT SECRETARY (Capacity)	

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