

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 : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

**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 N-VIRO INTERNATIONAL CORPORATION

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| RESIGNATION OF REGISTERED AG FOR A CORPORATION | ENT 8 |
|--------------------------------------------------------------------------------------------------------------------------------|---------------|
| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1. Florida Statutes, the undersigned, CT CORPORATION SYST | |
| (Name of Registered | Agent) |
| hereby resigns as Registered Agent for N-VIRO INTERNATIONA | L CORPORATION |
| (Name of Corporat | ion) |
| F94000000841 | |
| (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:

CT CORPORATION SYSTEM-Kate Seidita

(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Fiorida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallnhassce, FL 32314