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Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	, (if known):
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1. (Corporation Name) 2. (Corporation Name) 3. (Corporation Name)	(Document #) (Document #) (Document #) (Document #) (Document #)	
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)

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Examiner's Initials







RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MIKE CHERRY (Name of registered agent)
hereby resigns as Registered Agent for LEASELINE FINANCIAL, INC. (Name of corporation)
(Name of Corporation)
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.
X // (Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)

Fee for filing this document:

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

(Capacity)

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