F94000003980

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| · · · · |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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FILED 12 APR 13 PH 12: 02 SEPTETASSEE FLORIDA

RA Resign

'APR 1 6 2012

T. LEWIS

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: R.W. DURHAM & COMPANY |
| (Name of Corporation) |
| DOCUMENT NUMBER: F94000003980 |
| 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: |
| MAGGIE HOPE |
| (Name of Person) |
| HIQ CORPORATE SERVICES, INC. |
| (Name of Firm/Company) |
| 715 SAINT PAUL STREET |
| (Address) |
| BALTIMORE, MD 21202 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| MAGGIE HOPE at (410) 752-8030 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

12 APR 13 PH 12: 02

RESIGNATION OF REGISTERED AGENTSECRETARY OF STATE TALLAHASSEE FLORIDA

| Pursuant to the provisions of sections | 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|--|--|
| Florida Statutes, the undersigned, | HIQ CORPORATE SERVICES, INC. |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agent fo | R.W. DURHAM & COMPANY |
| , | (Name of Corporation) |
| F94000003980 | |
| (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 this statement is filed. | ce discontinued on the 31st day after the date on which |
| MEH | Signature of Resigning Agent) |
| If signing on behalf of an entity: | |
| MAGGIE HOPE | (Typed or Printed Name) |
| ASSISTANT SE | CRETARY |
| | (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