1721 Pine Harrier Citcle Sarasota, FL 34231 City/State/Zip Phone

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(T)
(Corporation Name)	(Document #) 4000032559245 -05/17/0001059018
2. (Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certified copy Certificate Status
NEW FILINGS	AMENDMENTS SS & U
 □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other 	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	509,		
Florida Statutes, the undersigned, James W. Morrison (Name of registered agent)			
hereby resigns as Registered Agent for Morrison International, 4 (Name of corporation)	Dr (g)	pora	;ted
A copy of this resignation was mailed to the above listed corporation at its last know			
The agency is terminated and the office discontinued on the 31st day after the date of	n which	1	
this statement is filed. (Signature of resigning agent) If signing on behalf of an entity:	SECRETARY OF STATE	00 MAY 19 PM 3: 48	TIF
(Typed or Printed Name)	·		
(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