

F95000000391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

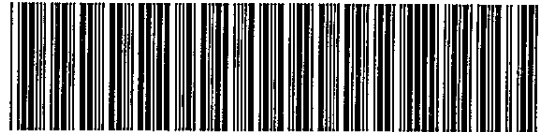
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05/25/04--01026--004 **175.00

FILED
04 MAY 25 PM 4:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED
04 MAY 25 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

ZENEX LONG DISTANCE, INC. (OK.DOM.)

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: _____ F95000000397

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:

THERESA ALFIERI

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 8TH AVENUE - 13TH FLOOR

(Address)

NEW YORK, NEW YORK 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA ALFIERI

(lk)

5/19/04

at (

212

) 894 - 8516

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E046(11/02)

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
04 MAY 25 PM 4:30
SECRETARY 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, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for ZENEX LONG DISTANCE, INC. (OK.DOM.)

(Name of Corporation)

F95000000397

(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:

C T CORPORATION SYSTEM - THERESA ALFIERI

(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 Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314