F950000000141

| (Re | questor's Name) | |
|-----------------------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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| | | |

Office Use Only



800296676098

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2017 APR -4 AH 9: 0

SECRETARY OF STATE IVISION OF CORPORATION!

V HERRING APR - 6 2017



March 22, 2017

RHONDA PEIRCE CAPITOL SERVICES, INC. PO BOX 1831 AUSTIN, TX 78767

SUBJECT: RELATED INDEPENDENCE ASSOCIATES INC.

Ref. Number: F95000002141

We have received your document for RELATED INDEPENDENCE ASSOCIATES INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 617A00005484

Valerie Herring Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--------------------------------------------------------------------------------------------------|
| SUBJECT: RELATED INDEPENDENCE ASSOCIATES INC. (Name of Corporation) |
| DOCUMENT NUMBER: F95000002141 |
| 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: |
| Rhonda Peirce (Name of Person) |
| Capitol Services Registered Agent Department (Name of Firm/Company) |
| PO Box 1831 (Address) |
| Austin, TX 78767 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Rhonda Peirce at (800) 345-4647 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

and the second second

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

Return acknowledgment to:

Capitol Services, Inc.
P.O. Box 1831 Austin, TX 18767
800/345-4647

CR2E046 (04/12)



2017 APR -4 AM 9: 05

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|-----------------------------------------------------------------------------------------------------------------------|
| Florida Statutes, the undersigned, Capitol Corporate Services, Inc. (Name of Registered Agent) |
| hereby resigns as Registered Agent for RELATED INDEPENDENCE ASSOCIATES INC (Name of Corporation) |
| F95000002141 |
| (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. |
| (Simple of PRIA) |
| (Signature of Resigning Agent) If signing on behalf of an entity: |
| Jason Fischer |
| (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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

2017 APR -4 AM 9: 05

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|-----------------------------------------------------------------------------------------------------------------------|
| Florida Statutes, the undersigned, Capitol Corporate Services, Inc. (Name of Registered Agent) |
| hereby resigns as Registered Agent for RELATED INDEPENDENCE ASSOCIATES INC (Name of Corporation) |
| F9500002141 (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: |
| |
| 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