

F95000002440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

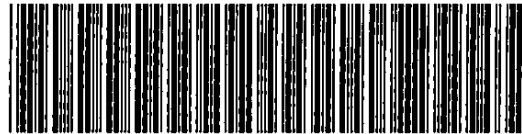
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/28/06--01015--015 \*\*105.00

RA Resign

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06 NOV 28 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts NOV 30 2006



Wolters Kluwer business

CT  
111 Eighth Avenue  
New York, NY 10011

212 894 8940 tel  
212 590 9180 fax  
www.ctlegalsolutions.com

November 22, 2006

RE: C. C. SOUTHERN, INC. (MI. DOM.)  
HD BROUS & CO., INC. (DE. DOM.)  
MARINER MEDICAL SUPPLY, INC. (DE. DOM.)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sir/Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation(s). Also enclosed is 1 check in the amount of \$105.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

CT CORPORATION SYSTEM

*Theresa Alfieri*

Theresa Alfieri  
Assistant Secretary

TA:nj  
Enclosure  
RPP

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

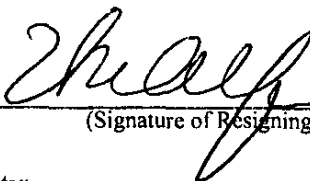
FILED  
06 NOV 28 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 MARINER MEDICAL SUPPLY, INC.  
(Name of Corporation)

F95000002440  
(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**