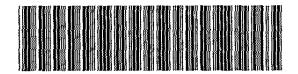
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(Re	questor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	*)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	

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> of RA nes



CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

July 18, 2006

RE: FLORIDA SYNC RESEARCH, INC. (DE. DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$35.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure RPP

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	507.0502(2), 617.0502(2), 607.1509, 6F 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	•
	FLORIDA SYNC RESEARCH, INC. (DE. DOM.)	
hereby resigns as Registered Agent for	(Name of Corporation)	3
F95000005591		
(Document Number, if known)		•
A copy of this resignation was mailed t	to the above listed corporation at its last known address.	
this statement is filed.	e discontinued on the 31st day after the date on which Older State Stat	∂
If signing on behalf of an entity:	ignature of Resigning Agent) ALLAHASSE TION SYSTEM - THERESA ALFIERI	- }
	(Typed or Printed Name)	
	SSISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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