## F96000002101

(Re	equestor's Name)	
(Ad	ldress)	
, (Ad	ldress)	
; (Ći	ty/State/Zip/Phone	<del>, #</del> )
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(Do	ocument Number)	
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ALLAHASSEF, FLOSIO

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## TRANSMITTAL LETTER

	riendment Section vision of Corporations
SUBJECT	IVS HYDRO, INC. (W.VA. DOM.)
	(Name of Corporation)
DOCUME	ENT NUMBER: F96000002101
The enclose	ed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
THERESA	AALFIERI
	(Name of Person)
C T CORP	PORATION SYSTEM
	(Name of Firm/Company)
111 8TH A	AVENUE - 13TH FLOOR
	(Address)
NEW YOR	RK, NEW YORK 10011
· ····	(City/State and Zip Code)
For further	information concerning this matter, please call:
THERESA	ALFIERI at ( 212 ) 894 - 8516
	(Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

rursuant to the provisions of sections of	7.0302(2), 617.0302(.	2), 607.1509, or 617.	1509,		
Florida Statutes, the undersigned,	C T CORPO	RATION SYSTEM			
, ,	(Name of I	Registered Agent)			
hereby resigns as Registered Agent for _	IVS HYDRO, INC.	(W.VA. DOM.)		,	
	(Name o	f Corporation)			
F96000002101					
(Document Number, if known)	<b>_</b> .	•			
A copy of this resignation was mailed to	the above listed corpo	oration at its last kno	wn addr	ess.	
The agency is terminated and the office of this statement is filed.	liscontinued on the 31	st day after the date	on whic	h	
He	rel -		DECR	O4 FEB	
(Sign	nature of Resigning Agent	)	E E		
If signing on behalf of an entity:	V		SSEE,	ω <b>Α</b>	
C T CORPORA	ATION SYSTEM - The	resa Alfieri	FLORID	8: 5	D
<del>(T</del>	yped or Printed Name)			<u>:</u>	
ASS	ISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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