F94000002192

(Requestor's Name)			
	(Address)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-Uf	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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05/23/12--01025--003 **175.00

OIVISION OF CORPORATIONS

12 MAY 23 PM 13 1 L

RA RES 05/24/12

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.15	i09,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	·
hereby resigns as Registered Agent for	DH TAX, INC. (DE.DOM)	
and the state of t	(Name of Corporation)	 ,,
F96000002192		
(Document Number, if known)		
A copy of this resignation was mailed to	to the above listed corporation at its last known	n address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date or	ı which
(A	hach	
(Si	gnature of Resigning Agent)	
If signing on behalf of an entity:		
C T CORPORAT	TION SYSTEM - THERESA ALFIERI	
	(Typed or Printed Name)	
AS	SISTANT SECRETARY	DIVISION TO MI
	(Capacity)	ON OF C
		3 25 25 25 25 25 25 25 25 25 25 25 25 25
Fee for filin	ig this document:	ORA ORA
	tive corporation	
\$35.00 - Ada	ministratively dissolved/voluntarily dissolved/	/ 5

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation