F96000004391

(Requestor's Name)		
Lianty Ave		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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RA Resign

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A 1-4-12

RESIGNATION OF REGISTERED AGE FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(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	PHICO SERVICES COMPANY (PA. DOM.)
	(Name of Corporation)
F96000004391	
(Document Number, if known)	_
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
. (Si	gnature of Resigning Agent)
If signing on behalf of an entity:	
C T CORPORAT	ΓΙΟΝ SYSTEM - THERESA ALFIERI
	Typed or Printed Name)
AS	SISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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