

796000004395

Requestor's Name	
Address	
City/State/Zip	Phone #

200002644902--3
-09/21/98--01102--025
*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Statu

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
98 SEP 25 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK
796000004395
a 25.98
288

Examiner's Initials	
---------------------	--



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as
(name of registered agent)

Registered Agent for TREFILARBED OF ARKANSAS, INC.

(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF ARKANSAS

A copy of this resignation was mailed to the above listed corporation at its last known address.

c/o Marc Schroeder
Trefilarbed of Arkansas, Inc.
PO Box 9450
Pine Bluff, Ar. 71611

The agency is terminated and the office discontinued on the 31st day after the date which the statement was filed.

Jim Smith
SIGNATURE
ASSISTANT SECRETARY

FILED
98 SEP 25 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation