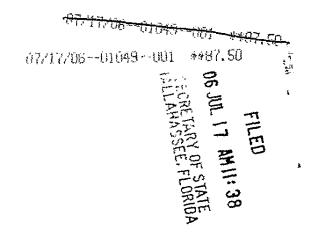
F96000006272

| (Re | questor's Name) | |
|-------------------------|---------------------|----------|
| - | | |
| (Ad | (dress) | |
| , | r | |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone# |) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| | | |
| (Bu | isiness Entity Name |) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Cadificates of | f Statue |
| Ceramed Copies | Oestilicates of | : Diaius |
| | | |
| Special Instructions to | Filing Officer: | |
| · | _ | |
| | | ļ |
| | |] |
| | |] |
| | |] |
| | |] |
| | |] |
| | | |

Office Use Only



500077462465



RA Rusip

i | Thomas III 3 & round

CCH LEGAL INFORMATION SERVICES

111 Eighth Avenue New York, NY 10011 July 10, 2006

RE: ALWYN COMPANY, INC. OF MINNESOTA (MN. DOM.)

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

Dear Sir/Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation(s). Also enclosed is <u>1</u> check in the amount of <u>\$87.50</u> to cover the required filing see.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

CT CORPORATION SYSTEM

Theresa Alftert

Theresa Alfieri Assistant Secretary

TA:nj Enclosure RPP

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60 | 7.0502(2), 617.0502(2), 607.1509, or 617.1509 | , |
|--|--|-------------|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM | |
| | (Name of Registered Agent) | W |
| Laurbaraniana a Danistana A A anno Can | ALWYN COMPANY, INC. OF MINNESO | ΓA |
| hereby resigns as Registered Agent for _ | (Name of Corporation) | |
| F9600006272 | | 75 8 - |
| (Document Number, if known) | | 强声, |
| A copy of this resignation was mailed to | the above listed corporation at its last known a | |
| The agency is terminated and the office dethis statement is filed. | liscontinued on the 31st day after the date on w | WII: 38 |
| (Sign | nature of Resigning Agent) | |
| If signing on behalf of an entity: | | |
| C T CORPORATION | ON SYSTEM - THERESA ALFIERI | |
| =-(1) | yped or Printed Name) | : <u></u> |
| ASSI | STANT 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