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## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Address:

#### REGISTERED AGENT RESIGNATION IHS MANAGEMENT GROUP, INC.

| Certificate of Status | 0       |
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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations

IHS MANAGEMENT GROUP, INC.

(Name of Corporation)

DOCUMENT NUMBER: F97000000499

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### Helen Mac-Tran

(Name of Person)

#### T CORPORATION SYSTEM

(Name of Firm/Company)

111 8th Avenue, 13th Floor

New York, New York 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Mac-Tran

212 590-9118
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| - •   | 95   | 12/2    |  |
|---|--|---------|--|
| Pursuant to the provisions of sections  | 607.0502(2), 617.0502(2), 607.1509, or 617.150 | 9. 😤    |  |
| Florida Statutes, the undersigned,  | T CORPORATION SYSTEM                           | Pol     |  |
|   | (Name of Registered Agent)                     | City of |  |
| hereby resigns as Registered Agent for  | IHS MANAGEMENT GROUP,                          | inc. 3  |  |
|   | (Name of Corporation)                          | विस्    |  |
| F9700000499   |  | 38      |  |
| (Document Number, if known)   | <del></del>                                    | V       |  |
| A copy of this resignation was mailed to the above listed corporation at its last known address.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |  |         |  |
| (5  | Signature of Resigning Agent)                  |         |  |
| If signing on behalf of an entity:  |  |         |  |
| CT CORPORA  | TION SYSTEM-Helen Mac-Tran                     |         |  |
|   | (Typed or Printed Name)                        |         |  |

#### Fee for filing this document:

**ASSISTANT SECRETARY** 

\$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
Tullahassee, FL 32314

(Capacity)