## Address City/State/Zip Phone #

Office Use Only

Examiner's Initials

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

1.		000026875066 -11/13/9801092805 ******87.50 ******43.75
(C	rporation Name) (Document #)	*****87.50 *****43.75
2(C	rporation Name) (Document #)	
3. <u>(C</u>	rporation Name) (Document #)	
4(C	rporation Name) (Document #)	SECRETARY OF STATE ORIDA
Walk in	Pick up time Certif	ied Copy SSET 3
Mail out	☐ Will wait ☐ Photocopy ☐ Certif	icate of Status 🚆 🚺
NEW FILINGS	AMENDMENTS	2: 38 STATE LORID
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
		00
OTHER FILINGS	REGISTRATION/	5
Annual Report	QUALIFICATION	09
Fictitious Name	Foreign	7 N S
Name Reservation	Foreign  Limited Partnership  Reinstatement  Trademark	10,
	Reinstatement	· N.p
	Trademark 7 1/-15	) ~@{}
	Other	040



## Florida Department of State, Jim Smith, Secretary of State

## **RESIGNATION OF REGISTERED AGENT**

Pursuant to	the provisions of sections 607.0502(2) or 6	07.1509, Florida Statues, the			
undersigne	d. C T CORPORATION SYSTEM	hereby resigns as			
•	(name of registered agent)	, ,			
negistered	gistered Agent for NATIONWIDE RENOVATIONS, INC.  (name of corporation)				
ORGANIZED	UNDER THE LAWS OF THE STATE OF	TEXAS			
A copy of the address.	nis resignation was mailed to the above listed Suite 2162 15850 N Thompson Peak Pkwy Scottsdale	d corporation at its ast known			
The agency is terminated and the office discontinued on the 31st day after the date of which the statement was filed.					
	Ther	SIGNATURE			

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation

ASSISTANT SECRETARY