F 98000000 752

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #}		
(Styledically)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
·		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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03/16/05--01028--002 **175.00

SECRETARY OF STATE

3/23

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	507.0302(2), 617.0302(2), 607.1309, of 61	7.1509,
Florida Statutes, the undersigned, CTCORPORATION SYSTEM		
hereby resigns as Registered Agent for	(Name of Registered Agent) THE RECIPROCAL ALLIANCE SERVICE CORPORATION (VA DOM.) (Name of Corporation)	ES,
XP98000000752		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last kr	nown address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the dat	e on which
Ha	el -	
(S	ignature of Resigning Agent)	_
If signing on behalf of an entity:	\mathcal{U}	
, ,		TAPE OS
C T CORPORA	TION SYSTEM - THERESA ALFIERI	CREET A
	(Typed or Printed Name)	The same of the sa
	COVERNATION OF COLUMN AND A DAY	SSEE 16
AS	SSISTANT SECRETARY	M II: 47
	(Capacity)	
		Gw -

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withdrawn corporation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