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(Requestor's Name) Sth All (Address) N(WYN, NY ID ON (Address) (City/State/Zip/Phone #) PICK-UP	CT				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	1118th Ave				
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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	NEW YORK, NY 10011				
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Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAlesign Thewis 11-13-08

RESIGNATION OF REGISTERED AGENT²⁰⁰⁸ NOV -5 PM 12: 12 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607	.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	LIFETIME CAPITAL INC.	(NV. DOM.)	
	(Name of Corporation)		
F9800000780			
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation	at its last known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day	after the date on which	
	NUG		
If signing on behalf of an entity:	gnature of Resigning Agent)		
C T CORPORAT	TION SYSTEM - THERESA AL	LFIERI	
(Typed or Printed Name)		
AS	SISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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