F98000001878

	(Requestor's Name)			
	(10440000000000000000000000000000000000			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U				
	(Business Entity Name)			
	(Dushioss Linuy Marile)			
<u></u>	(Document Number)			
Certified Copies	Certificates of Status			
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n4/12/04--01086--028 **87.50



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: COYNE INTERNATIONAL ENTER	PRISES CORP.			· · · ·	5 200 T (7 2)
	e of Corporation)			
DOCUMENT NUMBER: F9000001878			<u> </u>	-	
The enclosed Resignation of Registered Agent	for a Corporation	on and fee are	submitted fo	r filing.	
Please return all correspondence concerning thi	s matter to the	following:			
THERESA ALFIERI		s	• •		-1284
(Name of Person)					
C T CORPORATION SYSTEM (Name of Firm/Company)	· · · · · · · · · · · · · · · · · · ·	1. La 1997	an an an taon an		
111 8TH AVENUE - 13TH FLOOR (Address)	<u></u>	्द्र केंद्र		· : . · <u>.</u>	· · · · · · · · · ·
NEW YORK, NEW YORK 10011 (City/State and Zip Code)		· · · ·	. ·	-	
For further information concerning this matter,	please call:				
THERESA ALFIERI	212 18	894 - 8516			

(Name of Person) at (212) 894 - 8516 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
hereby resigns as Registered Agent for	(Name of Registered Agent) COYNE INTERNATIONAL ENTERPRIS (NY. DOM.) (Name of Corporation)	ES CORP.
F9000001878		
(Document Number, if known)	* · · · · · ·	
A copy of this resignation was mailed to	o the above listed corporation at its last k	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the da	te on which
If signing on behalf of an entity: C T CORPORAT	gnature of Resigning Agent) FION SYSTEM - THERESA ALFIERI Typed or Printed Name)	FILED 04 APR 16 AM 9: 25 ALLAHASSEE, FLORID

ASSISTANT SECRETARY

(Capacity)

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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