

F990000000676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

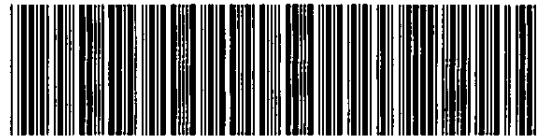
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800162650298

800162650298
11/24/09 - 01050 - 018 **175.00

2009 NOV 24 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

R.A. Resign.

TB

DEC - 2 2009



CT Corporation

111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
212 590 9180 fax
www.ctlegalsolutions.com

November 16, 2009

RE: NATIONAL TENANT CONSTRUCTION, INC. (VA. DOM.)
NORTH COUNTY REAL ESTATE, INC. (CA. DOM.)
ST. PAUL SOFTWARE, INC. (MN. DOM.)
SK2, INC. (DE. DOM.)
SPORTS MEDICINE SYSTEMS, INC. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 175.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:lf
Enclosure

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2009 NOV 24 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(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 ST. PAUL SOFTWARE, INC. (MN. DOM.)
(Name of Corporation)

F99000000676

(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 discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)

ASSISTANT 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withdrawn corporation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