# F99 000006014

| (Requ                     | uestor's Name)   |              |
|---------------------------|------------------|--------------|
| (Addi                     | ress)            | <del> </del> |
| (Adda                     | ress)            |              |
| (City/                    | /State/Zip/Phone | e #)         |
| PICK-UP                   | ☐ WAIT           | MAIL         |
| (Busi                     | iness Entity Nar | ne)          |
| (Doc                      | ument Number)    |              |
| Certified Copies          | Certificates     | s of Status  |
| Special Instructions to F | iling Officer:   |              |
|                           |                  |              |
|                           |                  |              |
|                           |                  |              |
| <u> </u>                  |                  |              |

Office Use Only



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#### **COVER LETTER**

| Division of Corporations  |               |
|---|---------------|
| UMI OF FLORIDA, INC. SUBJECT:   |               |
| (Name of Corporation)   |               |
| DOCUMENT NUMBER: F99000006014   |               |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted    | d for filing. |
| Please return all correspondence concerning this matter to the following:               |               |
| RESIGNATION DEPARTMENT  |               |
| (Name of Person)  |               |
| CORPORATION SERVICE COMPANY   |               |
| (Name of Firm/Company)  |               |
| 80 STATE STREET   |               |
| (Address)   |               |
| ALBANY NY 12207   |               |
| (City/State and Zip Code)   |               |
| For further information concerning this matter, please call:                            |               |
| RESIGNATION DEPARTMENT 518 433-7018   |               |
| RESIGNATION DEPARTMENT  (Name of Person)  at ()  (Area Code & Daytime Telephone Number) | ber)          |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

|                              | e provisions of sections 607.0502(2), 617.0502(2), 607.            | 1509, or 617.1509,                              |  |  |
|------------------------------|--|---|--|--|
| Florida Statute              | es, the undersigned, LEXIS DOCUMENT SERVICES INC.                  |   |  |  |
|                              | (Name of Registered Agent)   |   |  |  |
| hereby resigns               | as Registered Agent forUMI OF FLORIDA, INC.                        |   |  |  |
| nereby reargina              | (Name of Corpora   | ation)  |  |  |
| F99000006014                 |  |   |  |  |
| (Docume                      | ent Number, if known)  |   |  |  |
| A copy of this               | resignation was mailed to the above listed corporation             | at its last known address.                      |  |  |
| The agency is this statement | terminated and the office discontinued on the 31st day a is filed. | after the date on which                         |  |  |
|                              | Robin Mult   | Z020 JAN 13                                     |  |  |
|                              | (Signature of Resigning Agent)                                     | HOH I   |  |  |
| If signing on b              | ehalf of an entity:  | JAN 13 AM  MARIMENT OF ONLY OF CORPO  AMASSEE F |  |  |
|                              | BY ROBIN MOLT  | E STATION ORATIO                                |  |  |
|                              | (Typed or Printed Name)  | <del></del>                                     |  |  |
|                              | ASST SECRETARY FOR THE AGENT                                       |   |  |  |
|                              | (Capacity)   | <del></del>                                     |  |  |

### 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