F9900006730

| (Req | uestor's Name) | | |
|---|------------------|-------------|--|
| (Add | iress) | | |
| (Add | lress) | | |
| (City | /State/Zip/Phone | e #) | |
| . PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



400175098414

04/20/10--01013--013 **175.00



of x/2101

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| ruisuant to the provisions of sections of | 07.0302(2), 617.0302(2), 607.1309, or 61 | . /.1509, |
|--|--|---|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM | |
| | (Name of Registered Agent) | |
| the of the state o | ANC COLLECTOR CORPORATION. (D | E. DOM) |
| hereby resigns as Registered Agent for | (Name of Corporation) | |
| F9900006730 | | |
| (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 |
| _ lhe | all | SE FAL |
| (Si | gnature of Resigning Agent) | 5 2 4 |
| If signing on behalf of an entity: | | FIL PR 20 FI ASSE |
| C T CORPORAT | TION SYSTEM - THERESA ALFIERI | |
| (| Typed or Printed Name) | 2: 5 ₄ 2: 5 ₄ STATE |
| AS | SISTANT SECRETARY | |

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)