G18225

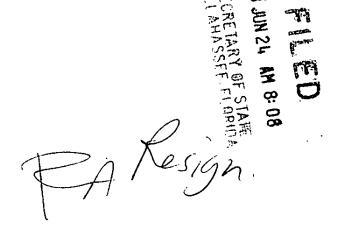
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filipp Officer				
Special Instructions to Filing Officer:				

Office Use Only



000249103580

06/24/13--01005--014 **35.00



6-27-13 DC

COVER LETTER

:

TO: Amendment Section Division of Corporations
SUBJECT: BOYD'S AND Mc(ORD, INC. (Name of Corporation)
DOCUMENT NUMBER: G18225
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK D. YoHE (Name of Person)
M.T. FUTURE, INC. (Name of Firm/Company)
213 W BOYNTON BCH BLVD (Address)
BOYNTON BCH FL 33435-4022 (City/State and Zip Code)
For further information concerning this matter, please call:
MARK D. YOHE at (561) 738-2695 (Name of Person) at (561) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0502(2), 617.0	502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned,	MARK D.	Yohe ne of Registered Agent)	
hereby resigns as Registered Agen			
G 18225			
(Document Number, if known)			
A copy of this resignation was ma	iled to the above listed	corporation at its last k	nown address.
The agency is terminated and the othis statement is filed.	office discontinued on t	he 31st day after the da	ate on which
Mark	(Signature of Resigning	06/21/a	1013
	(Organicate-of recogning	regulary	
If signing on behalf of an entity:			
	(Typed or Printed Nan	ne)	- Is -
	(Capacity)		JUN 24 MM 8: AHASSEF FIE
\$87.50	filing this document: - Active Corporation - Administratively diss withdrawn corporation	olved/voluntarily disso	ラA 8 5

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