CORPORATION NAME(S) & DOCU	700045206374 -10/03/0101004005 ******35.00 ******35.00 Office Use Only
1. (Corporation Name)	(Document #)
, 2(Corporation Name)	(Document #)
3. (Corporation Name)	27 7
(Corporation Name)	(Document #)
4(Corporation Name)	
	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy
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NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

RESIGNATION OF REGISTERED AGENT

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	
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 (Typed or Printed Name)	
ASSISTANT SECRETARY SECRETARY	
(Capacity)	

Fee for filing this document: \$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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