J 58486

Arni L. Lester Higgins
- 48 Pluto Circle
N. Fort Myerg Fl. 33903

City/State/Lip

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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1.					
	(Corporation Name)	(D∞	ument #)		_
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■ Walk in	Pick up time		Certified Copy	~	
Mail out	☐ Will wait	Photocopy	Certificate of St	atue	

NEW FILINGS	AMENDMENTS	
Profit	Amendment	·
NonProfit	Resignation of R.A., Officer/ Direct	ctor
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	

5/20/97

- 45	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/
Foreign
Limited Partnership
 Reinstatement
 Trademark
Other

PA Resign.

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502	(2), 607.1509, or 617.1509,
Florida Statues, the undersigned, SAKAUL (Name of registered	STER) HIGGINS
(Name of registered agent)	
hereby resigns as Registered Agent for HICE CAF	CITY INC.
(Name of e	corporation)

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:

SARAH

(Typed or Printed Name)

(Typed or Printed Name)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation