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To:

Division of Corporations

Fax Number

: (850)205-0380

from;

Account Name : JOHNSON, BLAKELY, FOPE, BOKER, RUPPEL & BURNS, P.A.

Account Number: 076666002140 Phone: (727:461~1818 Fax Number: (727:441~8617

## REGISTERED AGENT RESIGNATION

T. REES, INC.

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$43.75 |

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections of | 07.0502(2), 617.0502(2), 607.1509, or 617.1509,           |
|---|---|
| Florida Statutes, the undersigned, Bri    | uce H. Bokor  |
|   | (Name of Registered Agent)                                |
| hereby resigns as Registered Agent for    | T. Rees, Inc. (Name of Corporation)                       |
| J64330                                    |   |
| (Document Number, if known)               | <del></del>   |
| A copy of this resignation was mailed to  | o the above listed corporation at its last known address. |
| this statement is filed.                  | discontinued on the 31st day after the date on which      |
| If signing on behalf of an entity:        | 0   |
| (   | Typed or Printed Name)  (Capacity)                        |
|   | (Capacity)  |

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/

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

withdrawn corporation