## K13543

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





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SECRETARY OF STATE
TALLAHASSEE FINANCE



## **COVER LETTER**

Division of Corporations	
SUBJECT: Registered agent resignation - Creative Ima	ages of Brevard, Inc
•	on)
DOCUMENT NUMBER: K73543	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Kristina Harrison	
(Name of Person)	
Creative Images of Brevard, Inc.	
(Name of Firm/Company)	
3200 Bird Song Ct.	
(Address)	
Melbourne, FL 32934	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kristina Harrison at ( 321	720-4876 & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section

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 sections 60	37.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Kri	stina Harrison
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Creative Images of Brevard, Inc.
	(Name of Corporation)
K73543	
(Document Number, if known)	
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
- Kristina (Sig	Ruth Harrisa 3/16/09 mature of Resigning Agent)
If signing on behalf of an entity:	
	TALLAHASSEE TARY OF SI (Capacity)
<u>Fee for filing</u>	z this document:

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

\$87.50 Active corporation