K79391

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| , (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300057187513

07/13/05--01030--005 **35.00

SECRETARY OF STATE

PARO.

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: ESSEX AGENCY OF FLORIDA, INC. |
| (Name of Corporation) |
| DOCUMENT NUMBER: K79391 |
| 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: |
| Brenda Carter |
| (Name of Person) |
| National Corporate Research, Ltd. |
| (Name of Firm/Company) |
| 615 South DuPont Highway |
| (Address) |
| Dover, DE 19901 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Brenda Carter at (800) 483-1140 (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, NATIONAL CORPORATE RESEARCH, LTD. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for ESSEX AGENCY OF FLORIDA, INC. |
| (Name of Corporation) |
| K79391 |
| (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 discontinued on the 31st day after the date on which this statement is filed. |
| Wayne Rafavelli (Signature of Resigning Agent) |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| Wayne Rafanelli |
| (Typed or Printed Name) |
| Vice President |

Fee for filing this document:

\$87.50 - Active corporation \$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

(Capacity)