103 Sud Ft Way City/State/Zip		c+ each, F2= none#		Office Use (Only
CORPORATION NAI	ME(S) & DO	OCUMENT NUM	BER(S), (if known):	
1. (Corporati	on Name)	(Dα	cument	#)	
, ,	on Name)	•	cument		<u> </u>
2		(200	Cullicite	" <i>)</i>	
Corporati	on Name)	(Do	cument	#)	
4. (Corporati	on Name)	(Do	cument	#)	
□ Walk in □ F	ick up time			Certified Copy	
		☐ Photocopy		Certificate of Sta	tus
NEW FILINGS Profit NonProfit Limited Liability Domestication	Change of I	V 51531 1. 10 . 104	tor	500i	0028321329 -04/07/9901068018 *****35.00 *****35.00
OTHER FILINGS Annual Report Fictitious Name Name Reservation					FILED 99 APR -7 PN 5: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA
_	Trademark Other			n n	4-14-99 rignation
				KA Ke	regnation

Examiner's Initials

FILED

RESIGNATION OF REGISTERED AGENT 99 APR -7 PM 5: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DALE R. COWIE (Name of registered agent)
hereby resigns as Registered Agent for BOATGUARD, IUC. (Name of 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.
Oan R Comi
(Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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