## 19900000725



City/State/Zip

CR2E031(7/97)

Phone #

Office Use Only

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

1.			
((	Corporation Name)	(Document #)	
2.			
	Corporation Name)	(Document #)	
3.			1000046870316 -11/19/0101034015
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(Corporation Name)		(Document #)	<b>高</b>
☐ Walk in	Pick up time _		Certified Cary
☐ Mail out	☐ Will wait	☐ Photocopy	Certificate of Stat
NEW FILINGS		<b>AMENDMENTS</b>	
☐ Profit		Amendment	A Officer/Director
Not for Profit		Resignation of R  Change of Register	A., Officer/Director
Limited Liability Domestication		Dissolution/Without	drawal
☐ Other		☐ Merger	
OTHER FILINGS		REGISTRATION/Q	UALIFICATION O
Annual Day		☐ Foreign	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Annual Report Fictitious Name		Limited Partnersh	ip ON 3 OPA
		Reinstatement	To Joseph
		☐ Trademark☐ Other	ered Agent drawal  UALIFICATION  ip
			Examiner's Initials

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections of	07.0502(2), 617.0502(2	2), 607	'.1509, or 61'	7.1509,		
Florida Statutes, the undersigned,	KEITH ROBERTS					
	(Name of registered agent)					
hereby resigns as Registered Agent for	INTERNATIONAL	TAX	CONSULTA	NTS,LL	C	
	(Name o	me of corporation)			•	
			•			
A copy of this resignation was mailed to	the above listed como	ration	at its last know	wn addre	ss	
The agency is terminated and the office this statement is filed.	discontinued on the 31	st day	after the date	on which	t	
				===		
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	nature of resigning agent)			四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	5 1	
3.0)	nature of resigning agent)			SSE V		
If signing on behalf of an entity:						
	•				ယ္	
T	ped or Printed Name)	<del></del>			œ	
	(Capacity)		<u></u>		•	

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

CR2E046(9/98)