## M00000001589

| Theresce Alfleri<br>(Requestor's Name)                 |  |  |  |  |  |  |  |
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| (Address)  |  |  |  |  |  |  |  |
| 111 EIGht Avenue                                       |  |  |  |  |  |  |  |
| (Address)  NEW YURK NY 10011  (City/State/Zip/Phone #) |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                               |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                                      |  |  |  |  |  |  |  |
| (Business Entity Name)                                 |  |  |  |  |  |  |  |
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SECRETARY OF STATE
AND SECRETARY OF SE

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 608.41  | 6(2) or 608.509      | , Florida Stati             | ites, the under               | signed,       |                                     |             |
|---------------------------|-----------------------|----------------------|-----------------------------|-------------------------------|---------------|-------------------------------------|-------------|
| C T CORPORATION           | SYSTEM                | ٠                    |                             | , hereby resig                | ne se         |                                     | -           |
|                           | (Name of Registered A | gent)                |                             | inercol resig                 | 113 43        |                                     |             |
| Registered Agent for      |                       |                      |                             | · · · · · · · · · · · · · · · |               |                                     | * - # 5     |
|                           | STATEWIDE CAP         | PITAL INVEST         | TMENTS, LL                  | <u>C</u>                      |               |                                     | <u></u>     |
|                           | (Name of L            | imited Liability Co  | ompany)                     | 22                            | <u></u>       | <u></u>                             | -ī <b>-</b> |
| M00000001589              |                       |                      |                             |                               |               |                                     |             |
| (Document Nun             | iber, if known)       | <del></del>          | <del></del>                 |                               |               | =                                   | <b></b> .   |
| The agency is terminate   | (Sig                  | gnature of Resigning | ng Agent)<br>( - Theresa Al | ···                           | vhich this st | of O                                | filed.      |
|                           | ASS                   | Administrat          |                             | d voluntarily                 | y dissolved/  | CT -2 PM 1:56  CLIARY OF STATE ORDA | FLED        |

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P.O. Box 6327
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