

# M05743

Requester's Name

Address

City/State/Zip

Phone #

**FILED**

00 JUN -7 AM 9:27

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #) **300003280723--9**  
-06/07/00--01107--002  
\*\*\*\*140.00 \*\*\*\*\*35.00
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

*R.A. Re 5  
6-15-00  
BWS*

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

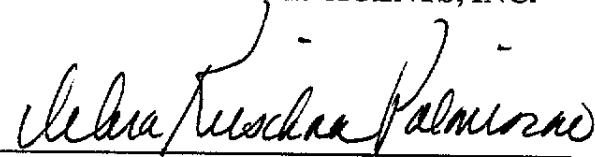
**RESIGNATION OF REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF CHAPTER 607.0502 OF THE FLORIDA STATUTES, THE UNDERSIGNED, PENINSULA REGISTERED AGENTS, INC., HEREBY RESIGNS AS REGISTERED AGENT OF AVENSA LEASING CORPORATION. A COPY OF THIS RESIGNATION WAS MAILED TO THE ABOVE REFERENCED CORPORATION AT ITS LAST KNOWN ADDRESS.

SAID RESIGNATION WILL TAKE EFFECT THIRTY (30) DAYS AFTER RECEIPT OF SUCH NOTICE AND PAYMENT OF FEE TO THE DEPARTMENT OF STATE.

PENINSULA REGISTERED AGENTS, INC.

By



Debra Kirschner Palmisano  
Vice President