

Office Use Only

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

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NEW FILINGS	AMENDMENTS	: ' _
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	Ş., S.
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	
Fictitious Name	Foreign	Ly 1
Name Reservation	Limited Partnership	470
	Reinstatement	10 KD.
	Trademark	



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions	of sections 607.0502	2(2) or 607.1509, Flor	ida Statues, the	
undersigned, CT CORI	PORATION SYSTEM ne of registered agen	t) hereby re	hereby resigns as	
Registered Agent for RAI				
	(name of c	orporation)		
ORGANIZED UNDER THE LA	WS OF THE STATE OF	FI.OR	FLORIDA	
227 Oma	o Acceptance Insurar 2 So. 15th Str. Sta aha, NE 68102 tn: Peter Knolla and the office discont	nce Co., Inc. e. 600 North		
	<u> </u>	SIGNATURE ASSISTANT SECRET.	ARY	

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation
\$35.00-Administratively Dissolved Corporation