

40700009800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

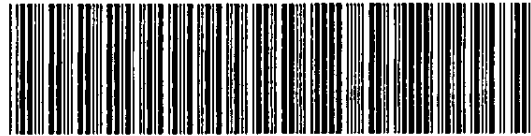
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WHY TROUBLE YE THE WOMAN MEMORIAL WORLDWIDE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N07000009800

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON  
(Name of Person)

CAPE COD MGMT SVC INC  
(Name of Firm/Company)

314 NE 27TH ST  
(Address)

WILTON MANORS FL 33334  
(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL PEACH CONDRON at ( 954 ) 630-8300  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, APRIL PEACH CONDRON *Cape Cod Mgmt Svc Inc*  
(Name of Registered Agent)

hereby resigns as Registered Agent for WY TROUBLE YE THE WOMAN MEMORIAL V,  
(Name of Corporation) *WORLDWIDE INC*

N070000009800  
(Document Number, if known)

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.

*April Peach Condron*  
(Signature of Resigning Agent)  
*Cape Cod Mgmt Svc Inc*

If signing on behalf of an entity:

APRIL PEACH CONDRON  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314