N09000003491

| (Requestor's Name) |
|---|
| (Address) |
| · (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TALLAHASSEE, FLO

RAResign Neuro 9-17-09

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: The ORDHANS' ROCK, A MINISTRY OF UKRATHE, INC. (Name of Corporation) |
| DOCUMENT NUMBER: NO98000 3491 |
| 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: |
| Judith Fleming (Name of Person) |
| (Name of Firm/Company) |
| 35930 NOVA LANE |
| (Address) |
| EUSTIS, FLA. 32736 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Robut E. Willer at (352) 383-2326 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |

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

CR2E046(08/05)

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

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, Kelly Eugene Sime (Name of Registered Agent) |
| hereby resigns as Registered Agent for The OPPhans Pock, Aministry of Ukraine; INC (Name of Corporation) |
| N0900000 3491 |
| (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. |
| Kelly Cugeno Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |
| (Canacity) |
| (Capacity) |

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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