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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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10.	Division of Corporations Fax Number : (850)617-6380		ש	ا سن
From:	Account Name : MACFARLANE FERGUSON &	HČNUL:	Έ Ν −	*:**

Account Number : 076077001654 Phone : (813)273-4229 Fax Number : (813)273-4396

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION QUALITY OF LIFE EMPLOYMENT CENTER, INC.

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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, NATALIE C. ANNIS	
(Name of Registered Agent)	
hereby resigns as Registered Agent for QUALITY OF LIFE EMPLOYMENT CENTER, I	NC.
(Name of Corporation)	
N1100000023	
(Document Number, if known)	
•	
A copy of this resignation was mailed to the above listed corporation at its last known add	css.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)	:h
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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