N12000000841

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUB.	JECT: CREW 3000 CHAPTER OF SNI, INC.				
	(Name of Corporation)				
DOC	CUMENT NUMBER: N12000000841				
The e	The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.				
Pleas	se return all correspondence concerning this matter to the following:				
	(Name of Person)				
BE	N J. HAYES, P.A.				
	(Name of Firm/Company)				
616	61 DR. MARTIN LUTHER KING JR. ST. NORTH, SUITE NO. 205				
	(Address)				
ST.	. PETERSBURG, FL 33703				
	(City/State and Zip Code)				
For fu	further information concerning this matter, please call:				
ВE	N J. HAYES at (727) 289-7111				
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0502(2), 617.0502(2), 607.1509, or 617	7.1509,		
Florida Statutes, the undersigned,	BEN J. HAYES, P.A.			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	CREW 3000 CHAPTER OF SNI, INC) .		
	(Name of Corporation)			
N12000000841				
(Document Number, if known)				
A copy of this resignation was mailed to	o the above listed corporation at its last known	own add	lress.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on whi	ch	
By: San Sign	gnglure of Resigning Agent)	SECRETAS TALLAHASS	13 NAR I	
If signing on behalf of an entity:		Y OF ST	8 8 8	
BEN J. HAYES		答言	<u>—</u>	
(Typed or Printed Name)	I»	0	
PRESIDENT				
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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