## P98000095371

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip/	/Phone #)
PICK-UP WA	AIT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
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resignation of

05 JUL 20 PH 2: 39
SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

7/20/05



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	And a specialist agreement to	<u> </u>		
			Art of Inc. File	
	<u></u>		<u> </u>	٠
		<u> </u>	LTD Partnership File	
			Foreign Corp. File	. "
		]	L.C. File	
			Fictitious Name File	
		\ <del>-</del>	Trade/Service Mark	
		\	Merger File	
			Art. of Amend. File	
		<u> </u>	RA Resignation	
		\	Dissolution / Withdrawal	-
		ļ , <u></u> -	Annual Report / Reinstatement	<u> </u>
•	•		Cert. Copy	
			Photo Copy	
			Certificate of Good Standing	
			Certificate of Status	
			Certificate of Fictitious Name	
			Corp Record Search	
			Officer Search	-
			Fictitious Search	
<u> </u>	A Comment of the Comm		Fictitious Owner Search	ئعر
Signature		{	Vehicle Search	
			Driving Record	
Requested by	r7 /		UCC 1 or 3 File	
	U 1/12		UCC 11 Search	
Name	Date Time		UCC 11 Retrieval	
Walk-In	Will Pick Up		Courier	7

## RESIGNATION OF REGISTERED AGENT

FOR A CORPORATION
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, SEE, FLORIDA
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, SEE, FLORICE
Florida Statutes, the undersigned, Capital Connection, Tro.  (Name of Registered Agent)
hereby resigns as Registered Agent for Cost Management Fartners, Trc. (Name of Corporation)
P9800095371 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The economic terminated and the office discontinued on the 31st day after the date on which

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

If signing on behalf of an entity:

Leilani White (Typed or Printed Name)

Registered Agent Coordinator (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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