

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000263749 3)))



H1 50002637493ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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

Email Address: _____

REGISTERED AGENT RESIGNATION
CHILD VISION INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

H15000263749 3

COVER LETTER**TO:** Amendment Section
Division of Corporations**SUBJECT:** CHILD VISION INC.

(Name of Corporation)

DOCUMENT NUMBER: N14000008250

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:

DENELL SPROWL

(Name of Person)

INCORPORATING SERVICES, LT.D

(Name of Firm/Company)

3500 S. DUPONT HIGHWAY

(Address)

DOVER, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

DENELL SPROWL

(Name of Person)

at

302**531-0707**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

H15000263749 3

H15000263749 3

**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, INCORPORATING SERVICES, LT.D

(Name of Registered Agent)

hereby resigns as Registered Agent for CHILD VISION INC.

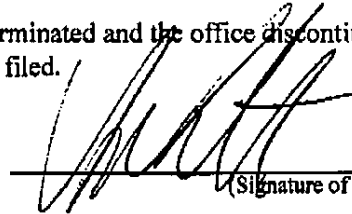
(Name of Corporation)

N14000008250

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

TUNISHA SCOTT

(Typed or Printed Name)

ASSISTANT SECRETARY

(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

15 NOV -1, AM 10:11
11 11 11

H15000263749 3