

15000005493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

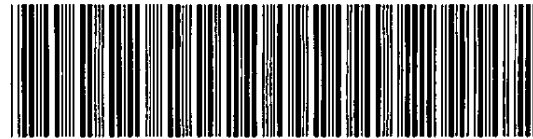
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 DEC -5 PM 4:08
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DEC 06 2017
T. LEMIEUX

ML Resign

CAPITAL CONNECTION, INC.

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

SMILEY MEDICAL RESEARCH

INTERNATIONAL FOUNDATION INC

Signature _____

Requested by: BAN

12/5/17 AM

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ ☒ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**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,

YOUR CAPITAL CONNECTION INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for

SMILEY MEDICAL RESEARCH
(Name of Corporation)

NIS 000005493 International Foundation
(Document Number, if known) Inc.

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.

Barbara Neely
(Signature of Resigning Agent)

If signing on behalf of an entity:

YOUR CAPITAL CONNECTION INC.
(Typed or Printed Name)

CLIENT REPRESENTATIVE
(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withdrawn corporation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

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