## N98000006472

(1	Requestor's Name)	,
(/	Address)	
	Address)	
,		
	C:+ 10+	
((	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
	•	
	Document Number)	
,	200411101111111111111111111111111111111	
0 11" 10 '		<b>~</b> : .
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
<u></u>	,	





500143448455

02/16/09--01012--013 \*\*87.50

PILED

09 FEB 16 PH 2: 1,7

SECRETARY OF STATE
ATTAMASSEE FI COM

Marshon and services

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: S) (1 // MAIL POPULATION) / SUBJECT: SUBJECT: (Name of Corporation) / 72
DOCUMENT NUMBER: // 98000006412
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:
(Name of Person)  (Name of Person)  (Name of Person)  (Name of Person)
(Name of Firm/Company)  JO LOST Mon B/W -  (Address)
City/State and Zip Code)
For further information concerning this matter, please call:  (Name of Ferson)  at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 667.1509, or 6,17.15	09,		
Florida Statutes, the undersigned,			
hereby resigns as Registered Agent for  Name of Registered Agent  (Name of Corporation)  (Name of Corporation)  (Document Number, if known)	t Dun	WK C	1'
A copy of this resignation was mailed to the above listed corporation at its last known	ı address.		
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.  (Signature of Resigning Agent)  If signing on behalf of an entity:	SECRETARY OF STATE which TALLAHASSEE, FLORIDA	FILED	
(Typed or Printed Name)		٠	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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