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AND AMASSEE. FLORID

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Homology Homourous allocation (Name of Corporation) DOCUMENT NUMBER: 1980 1818
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 Figh/Company)
550 North Roo Sheat, Suit 300
Tarrpa FL 33609 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 288-0708 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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	address. or Jul 30 AM 9: SECHE JARY OF STV TALLAHASSEE, FLO

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withdrawn corporation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