POULCE 18768

| (Re | equestor's Name) | | | |
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| (Ad | dress) | | | |
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| PICK-UP | WAIT | MAIL | | |
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| Special Instructions to | Filing Officer: | | | |
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TRANSMITTAL LETTER

| | endment Section sion of Corporation | ns | | | |
|---|---|---|--|--------------------------------|--------------------------------|
| SUBJECT: | Cayenne compu | | | | |
| DOCUME | NT NUMBER: | P 000000 19 | | | |
| The enclose | d Resignation of R | egistered Agent for a C | orporation and fo | ee are submitt | ed for filing. |
| Please return | n all corresponden | ce concerning this matte | er to the followin | ıg: | |
| Paul Bark | er | | | | |
| , , | (Name o | Person) | | | , |
| Cayenne | Computer Factor | y,INC | | | |
| | (Name of Fir | m/Company) | | | e 1 |
| 1512 sout | h state road 7 | | | | |
| | (Add | ress) | ······································ | | , |
| hollywood | l fl, 33023 | | | | |
| | (City/State at | nd Zip Code) | | | , die. |
| For further i | nformation concer | ning this matter, please | call: | | |
| paul Barke | (Name of Persor | at (95 | 478122 Code & Daytime | 21 | - Control |
| | (Name of reisor | i) (Alex | Code & Daytine | rerephone Mu | moer) |
| Enclosed is or \$35.00 fo | a check made paya or an administrative | ble to the Florida Depa ely dissolved, voluntaril | rtment of State for y dissolved or wi | or \$87.50 for a ithdrawn corp | an active corporation oration. |
| Mailing Ad Amendment Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Amendment Section of Corp 409 E. Gaines St Tallahassee, FL | orations reet | | |

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

03 DEC -1 PH 1:51

TALLAHASSEE, FLORIDA

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|--|
| Florida Statutes, the undersigned, PAUL BOCKET (Name of Registered Agent) |
| hereby resigns as Registered Agent for CA YONN COMPLACE TALTON INC. (Name of Corporation) (Name of Corporation) |
| (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: |
| DAUL B BARKER (Typed or Printed Name) |
| President |
| 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) Which is statement is filed. (Signature of Resigning Agent) AND BARKER |

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