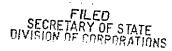
POOOOO 28512 Requester's Name NCO! 331H 5. CHICOS DCOL. DT ## 313C 331H 5. CHICOS DCOL. DT ## 313C Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #)

	(Corporation Name)	(Document ii)		
2.		1.4	0004077: -04/25/010	3318 1038-017
۷, _	(Corporation Name)	(Document #)	****87.50	******87.50_
3	(Corporation Name)	(Document #)		-
	(Corporation Name)	(Document #)		
4	(Corporation Name)	(Document #)		
	■ Walk in ■ Pick up time		Certified Copy	
l	☐ Mail out ☐ Will wait	Photocopy	Certificate of Sta	tus
<u>N</u>	EW FILINGS	<u>AMENDMENTS</u>		
□ Profit □ Amendment □ Not for Profit □ Resignation of R.A., Officer/Director □ Limited Liability □ Change of Registered Agent □ Domestication □ Dissolution/Withdrawal				
Ē	Other	Merger		DIVISION AND AND AND AND AND AND AND AND AND AN
<u>o</u>	THER FILINGS	REGISTRATION/QUAL	<u>IFICATION</u>	FILESION OF TARRESTOR OF TARRES
	Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	R.A. Resei	RY OF STATE TO THE PROPERTIONS TO THE PROPERTIONS TO THE PROPERTIONS TO THE PROPERTY OF THE PR

CR2E031(7/97)

Examiner's Initials \angle 5-8-200



01 APR 25 AM 8: 42

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Kiloname of registered agent)
hereby resigns as Registered Agent for (Name of corporation)
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:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314