P00000045165

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1. | | | | |
|--|------------------|---|-------------------------|--------------------|
| (Corporation Name) | | (Document #) | | |
| 2 | | | 400004484 -97/18/910 | 4641 |
| (Corporation Name) | | (Document #) | ****157.50 | *****87.58 |
| | | | | |
| Corporation Name) | | (Document #) | | |
| 4(Co | orporation Name) | (Document #) | | |
| ☐ Walk in | Pick up time | | Certified Copy | – |
| ☐ Mail out | Will wait | Photocopy | Certificate of Status | 3 |
| NEW FILINGS Profit Not for Profit Limited Liab Domesticatio Other | oility on | AMENDMENTS Amendment Resignation of A Change of Regist Dissolution/With Merger | ered Agent | OI III 18 PM 2. To |
| OTHER FILING | <u>3S</u> | REGISTRATION/Q | <u>UALIFICATION</u> | |
| Annual Repo | | Foreign Limited Partnersh Reinstatement Trademark Other | | |

CR2E031(7/97)

Examiner's Initials

T BROWN JUL 2 5 2001

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, WARIN Delegal (Name of registered agent) |
| hereby resigns as Registered Agent for Tempstar LABDY 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. |
| Maria Musel (Signature of resigning agent) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

Fee for filing this document:

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

(Capacity)

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