MatriOx Incorporated
P.O. Box 900
Loughman Florida US 33858-0900

CR2E031(7/97)

8785

Office Use Only

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☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnersh ☐ Reinstatement ☐ Trademark ☐ Other	ip COR 200
		Examiner's Initials

## 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,
hereby resigns as Registered Agent for Thurse Scruice Truck Scruice Truc
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.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Agency is terminated and the office discontinued on the 31st day after the date on which the statement is filed.    Agency is the agen
(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