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	(Re	questor's Name)	;
	(AA)	dress)	
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٠	(Ad	dress)	
,	(Cit	y/State/Zip/Phon	a #f)
	(On	monacor pri non	G 11)
Ε	PICK-UP	☐ WAIT	MAIL
	(Bu	siness Entity Nar	ne)
	(Do	cument Number)	
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Certified C	opies	, Certificates	of Status
Special li	nstructions to F	iling Officer:	
			
		Office Use Onl	Υ



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12/22/03--01045--014 **345.00

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of	sections 607.0502(2), 617.0302(2), 607.1509	, or 617.1309,
Florida Statutes, the undersigned,		CFRA, LLC	
•		(Name of registered a	gent)
hereby resigns as Registered Agent for		HOMEMAX, IN	
		(Name of corporation	on)
A copy of this resignation w	as mailed to the abo	we listed corporation at its	last known address.
The agency is terminated and statement is filed.	22	nued on the 31st day after resigning agent)	the date on which this O3 DEC 2: ALLIAHAS:
If signing on behalf of an en	tity:		ETAR HASS
	PETER J. V (Typed or Pr	VINDERS rinted Name)	2 MID 2 MID SEE, FLO
	VICE PRE (Cap	SIDENT acity)	TATE ORID

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

CR2E046(9/98)