## P00000075818

(Requestor's Name)  (Address)  (Address)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
	Division of Corporations	
SUBJ	ECT: Co-Venture Consulting, Inc.	
	(Name of Corporation)	
DOCU	UMENT NUMBER: P00000075818	
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted	for filing
Please	e return all correspondence concerning this matter to the following:	
Todo	d S. Payne, Esq.	
	(Name of Person)	
Zebe	ersky & Payne, LLP	
	(Name of Firm/Company)	
4000	O Hollywood Blvd., Suite 675-S	
	(Address)	
Holly	ywood, FL 33021	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
Simo	ona Bulicich at ( 954 ) 989-6333	
	(Name of Person) (Area Code & Daytime Telephone Numb	er)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	odd S. Payne, Esq.	_
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Co-Venture Consulting, Inc.  (Name of Corporation)	_,
P00000075818	(Name of Corporation)	
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last known address	i.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
(Si	gnature of Resigning Agent)	10 FEB
If signing on behalf of an entity:		阿LEB B-2 AM
Todd S. Payne	三 (4) ここの	-
(	Typed or Printed Name)	8: <b>5</b> 1
Registered Agent	_	

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)