Po	00000	7838	4
Nancy	Halferty	·	
Re	questor's Name		•
267 E.	49th Street		
Hou lead	1 / 33013		
City/State	7. PL 33013 Zip Phone #	Office Has Only	
		Office Use Only	and the state of t
CORPORATION	NAME(S) & DOCUMENT NUM	BER(S), (if known):	
1			
(Cor	poration Name) (Do	cument #)	
2. <u>(Cor</u>	poration Name) (Do	ocument #)	
2			
(Cor	poration Name) (Do	ocument #)	
4(Cor	poration Name) (Do	ocument#)	<u> </u>
	<u> </u>		
Walk in	Pick up time	Certified Copy	-
☐ Mail out	Will wait Photocopy	Certificate of Status	SECRE DIVISION
NEWFILINGS -	AMENDMENTS		
Profit	Amendment .		
NonProfit	Resignation of R.A., Officer/ Direct	etor	ED STATE SEPORATIONS
Limited Liability	Change of Registered Agent		9
Domestication	Dissolution/Withdrawal		J,
Other	Merger	-00000379 -03/01/01-	15709 -01002025
CONTER GILLINGS	REGISTRATION/	****182.50	-01002025 0 *****87.50
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership	•	
	Reinstatement		
	Trademark		
	Other	n n n	,
	·	R.A. Resign	ation
		Examiner's Initials	155

CR2E031(1/95)

FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

RESIGNATION OF REGISTERED AGENT

OI MAR - | AM | |: O |

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Kilala Seylandes Abb
hereby resigns as Registered Agent for Medieval Nath Span, (Name of corporation) Medieval Span, Suc.
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