## P00000089335

Requester's Name



5460 N. State Road 7, Suite 218 Fort Lauderdale, Florida 33319

Office Use Only

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

1.			700004135 -05/04/010	11111371120
(Ĉ	orporation Name)	(Document #)	*****87.50	*****87.50
2(C	orporation Name)	(Document #)		<b>-</b> , <u></u>
3(C	orporation Name)	(Document #)		
4(C	orporation Name)	(Document #)		<del>-</del> . <u>-</u> , .
Walk in	Pick up time		Certified Copy	
Mail out	☐ Will wait	Photocopy	Certificate of State	. 9
NEW FILINGS		<b>AMENDMENTS</b>		MAY-4
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Director Poly Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILIN	<u>GS</u>	REGISTRATION	<b>/QUALIFICATION</b>	-
Annual Rep Fictitious N		Foreign Limited Partne Reinstatement Trademark Other	RAP	A · MAY 1 4 2001
			Examiner's Initia	ls

CR2E031(7/97)

## 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, K.J. Sheehan (Name of registered agent)
hereby resigns as Registered Agent for Kingson Sullivan & Wade, Inc. (Name of corporation)
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)

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