**P00000117160**

(Requestor's Name)

(Address)

(Address)
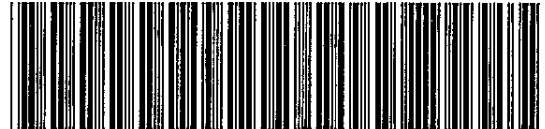
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies_____  Certificates of Status_____

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Office Use Only

04/01/05--01045--001  **175.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

C. Coulliette  APR 0 1 2005

OFFICE USE ONLY

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

1. _WALMER Group Corporation_ _____
(Corporation Name)                          (Document #)

2. _WALMER – Coral Gables Corporation_ _____
(Corporation Name)                          (Document #)

3. _____
(Corporation Name)                          (Document #)

4. _____
(Corporation Name)                          (Document #)

☒ Walk in     ☒ Pick up time  _2·00_          ☐ Certified Copy

☐ Mail out    ☐ Will wait     ☐ Photocopy      ☐ Certificate of Status

| NEW FILINGS | | AMENDMENTS | |
|---|---|---|---|
| Profit | | Amendment | |
| NonProfit | ✗ | Resignation of R.A. Officer/Director | |
| Limited Liability | | Change of Registered Agent | |
| Domestication | | Dissolution/Withdrawal | |
| Other | | Merger | |

| OTHER FILINGS | | REGISTRATION/ QUALIFICATION | |
|---|---|---|---|
| Annual Report | | Foreign | |
| Fictitious Name | | Limited Partnership | |
| Name Reservation | | Reinstatement | |
| | | Trademark | |
| | | Other | |

Examiner's Initials

CR2E031(10/92)

# RESIGNATION OF REGISTERED AGENT
# FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, __JAY D MUSSMAN__

(Name of Registered Agent)

hereby resigns as Registered Agent for __WALMER GROUP CORPORATION__ ,

(Name of Corporation)

__P00000117160__

(Document Number, if known)

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/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withdrawn corporation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**