Division of Corporations Electronic Filing Cover Sheet

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(((H110002235793)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number: 120050000052 Phone : (302)531-0855

Fax Number : (850) 656-7953

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT RESIGNATION **QUIK FUND, INC.**

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Corporate Filing Menu

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COVER LETTER

SUBJECT: QUIK FUND, INC. (Name of Corporation) DOCUMENT NUMBER: P01000010971 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin Please return all correspondence concerning this matter to the following: TUNISHA SCOTT (Name of Person) INCORPORATING SERVICES, LTD. (Name of Firm/Company) 3500 S. DUPONT HWY. (Address) DOVER, DE 19901 (City/State and Zip Code) For further information concerning this matter, please call:	TUNI	(Name of Person) at (800) 348-4646 (Area Code & Daytime Telephone Number)
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Division of Corporations	SUBJ	ECT: QUIK FUND, INC.
TO: Amendment Section		Division of Corporations

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the undersigned, _	INCORPORATING SERVICES LTD. (Name of Registered Agent)	
hereby resigns as Registered Agent	for QUIK FUND, INC. (Name of Corporation)	
P01000010971	, , ,	
(Document Number, if known)		
	fice discontinued on the 31st day after the date of the discontinued on the 31st day after the date of the discontinued of Resigning Agent)	**
If signing on behalf of an entity:		FIGNATION D
CANDICE B. S	WETLAND	DA S
· · · · · · · · · · · · · · · · · · ·	(Typed or Printed Name)	4
ASSISTANT S	ECRETARY	
	(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