## 002567 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) 500004726975--3 (Document #) -12/14/01--01064--012 \*\*\*\*\*87.50 \*\*\*\*\*87.50 (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in ☐ Pick up time Certified Copy Photocopy Mail out ☐ Will wait Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUAI ☐ Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

CR2E031(7/97)

## RESIGNATION OF REGISTERED AGENT

| Pursuant to                   | the provisions of sections                | s 607.0502(2), 61            | 7.0502(2), 60             | 7.1509, or 61     | 7.1509.     |      |
|-------------------------------|-------------------------------------------|------------------------------|---------------------------|-------------------|-------------|------|
| Florida Stati                 | ites, the undersigned,                    | AMRI                         | r. ρ.<br>(Name of registe | SING              |             |      |
| hereby resig                  | ns as Registered Agent fo                 | SEVEN                        | SEAS<br>(Name of corp.    | CONTA oration)    | iner 1      | NC.  |
| A copy of th                  | is resignation was mailed                 | l to the above list          | ed corporation            | n at its last kno | wn address. |      |
| The agency i<br>this statemen | s terminated and the offic<br>t is filed. | ce discontinued o            | n the 31st day            | y after the date  | on which    |      |
|                               |                                           | A Line Signature of resignif | k agent)                  | Dec               | 10,20       | 071  |
| If signing on                 | behalf of an entity:                      |                              |                           |                   | AMO: I      |      |
|                               |                                           | (Typed or Printed Na         | ame)                      |                   |             |      |
| •                             |                                           | (Capacity)                   | V .                       |                   |             | , 12 |
|                               |                                           |                              |                           |                   |             |      |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314