

PD1000026484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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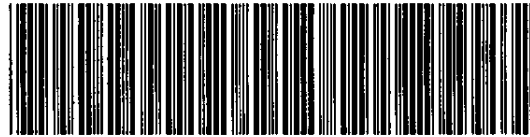
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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RA Resign

DEC 10 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROGRESSIVE TRAINING CENTERS, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000026484

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvonne Silva

(Name of Person)

(Name of Firm/Company)

8560 SW 20th Ct

(Address)

Davie, FL. 33060

(City/State and Zip Code)

For further information concerning this matter, please call:

Yvonne Silva

(Name of Person)

at ( 954 ) 667-5525

(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED

2012 DEC -7 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Yvonne Silva

(Name of Registered Agent)

hereby resigns as Registered Agent for Progressive Training Centers, Inc

(Name of Corporation)

P01000026484

(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.

Yvonne Silva

(Signature of Resigning Agent)

EFFECTIVE December 14, 2012

If signing on behalf of an entity:

Progressive Training Centers, Inc.

(Typed or Printed Name)

President

(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**