## Requester's Name PORO DO DO DO DO DO DO DO DO DEC -3 AM IO: 15 Alexander Jackson 3900 N Ocean Dr. Apt. 8C Fi Lauderdale, FL 33308. C Fi Lauderdale, FL 33308.

Office Use Only

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

1(Corporation Name)	(Document #)
2	<b>400004701604</b> 9
(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

## FILED

01 DEC -3 AM 10: 15

## RESIGNATION OF REGISTERED AGENT SZORE MARY 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, FRANK PANCHER (Name of registered agent)

hereby resigns as Registered Agent for ROOMS FOLLES INC - NIRTH (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:

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