61000078734

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SECRETARY OF STATE
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COVER LETTER

·
SUBJECT: INTERACTIVE DATA EXCHANGE, INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P01000078734
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Anastasios Tom Sovredes, Esc.
Anastasios Tom Spyredes, Esq. (Name of Person)
Simon, Sigalos & Spyredes, P.A.
(Name of Firm/Company)
120 East Palmetto Park Road, Ste. 100
(Address)
Boca Raton, Florida 33432
(City/State and Zip Code)
For further information concerning this matter, please call:
\cdot
Anastasios Tom Spyredes at (561) 447-0017 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Mailing Address:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
Clifton Building Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED

Duranant to the manifolding of goations	607.0502(2), 617.0502(2), 607.1509, o Simon, Sigalos & Spyredes, P.A.	SECRETARY OF
ruisuam to the provisions of sections	1007.0302(2), 017.0302(2), 007.1309, 0	TOTALISOS, ASSEE, FISIALE
Florida Statutes, the undersigned,	Simon, Sigalos & Spyredes, P.A.	" LURIDA
· ·	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Interactive Data Exchange, In	nc.
	(Name of Corporation)	,
201000078734	•	
(Document Number, if known)		•
A copy of this resignation was mailed	to the above listed corporation at its las	st 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:	Simon, Sigalos & Spyredes, P.A.
	Anastasios Tom Spyredes
	(Typed or Printed Name)
	Vice-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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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