

PO1000117710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

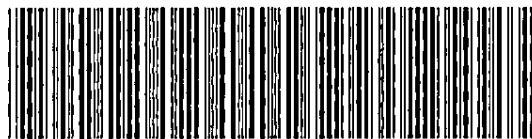
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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100323660711

01/23/19--01001--007 **35.00

19 JAN 22 PM 13:34

2019 JAN 22 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2019 JAN 22 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONE TRAVEL SOURCE COM. INC.

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ ☒ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: BAN

1/22/19

PM

Name _____

Date

Time

Walk-In _____

Will Pick Up _____

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2019 JAN 22 PM 4:51
SECRETARY JESSICA
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509 or 617.1509,

Florida Statutes, the undersigned, —

CAPITAL CONNECTION, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for

ONE TRAVEL SOURCE COM, INC.
(Name of Corporation)

PO1000117710

(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.

Barbara Neely
(Signature of Resigning Agent)

If signing on behalf of an entity:

CAPITAL CONNECTION, INC.
(Typed or Printed Name)

CLIENT REPRESENTATIVE
(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