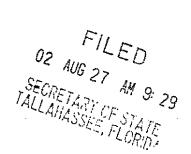
Dn2	0000/628	36
Carlos	estor's Name	
		- · ·
City/State/Zip	Blue Ridge Way Address F1 33325 954-424-3402 Phone #	Office Use Only
CORPORATION NA	AME(S) & DOCUMENT NUMBER	(S), (if known): 96 25
1.	Tonsession Home and ation Name) (Document	(Commercal Servicis
2. (Corpor	ation Name) (Documer	nt #)
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☐ Walk in	Pick up time	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	02 N SECF TALL
Profit	Amendment	NIG 27 N
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	7 29
Other	Merger	
OTHER FILINGS	REGISTRATION/	4000073634442 -08/27/0201025001
Annual Report	Foreign	****500.00 *****96.25
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	· · · · · · · · · · · · · · · · · · ·
	Trademark	
	Other	41-7/02
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, (Name of registered agent)
hereby resigns as Registered Agent for First Impression Home and numerical. (Name of corporation) Services, Inc.
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:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

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

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314