P0200034480

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000252757850

10/15/13--01068--002 **1365.00

RES (C) 10/23/13

COVER LETTER

Amendment Section Division of Corporations
SUBJECT: ICANDY MARKETING, INC.
(Name of Corporation) OCUMENT NUMBER: P02000034480
he enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ruth A. Martell (Name of Person)
BDB Agent Co. (Name of Firm/Company)
3800 Embassy Parkway, Suite 300 (Address)
Akron, OH 44333 (City/State and Zip Code)
or further information concerning this matter, please call:
Ruth A. Martell (Name of Person) at (330) 643-0204 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, BDB Agent Co.
(Name of Registered Agent)
hereby resigns as Registered Agent for ICANDY MARKETING, INC.
(Name of Corporation)
P02000034480
(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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Ruth A. Martell
(Typed or Printed Name)
Assistant Secretary
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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