

CAPITAL CONNECTION

850 222 1222

03/28 '03 11:25 NO.835 01/02

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Florida Department of State  
Division of Corporations  
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Fax Number : (850) 205-0380

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
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DIVISION OF CORPORATIONS

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**REGISTERED AGENT RESIGNATION**

**THOMAS FINANCIAL, INC.**

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03/28  
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**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,

JIM GASS

(Name of Registered Agent)

hereby resigns as Registered Agent for

THOMAS FINANCIAL, INC.

(Name of Corporation)

\_\_\_\_\_  
(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

JAMES GASS  
(Typed or Printed Name)

REGISTERED AGENT  
(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withdrawn corporation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

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