## P02000122598

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		_ <del>_</del>			
SUB.	JECT: VCI, INC.				e versioner	
		(Name	of Corporation	n)		
DOC	UMENT NUMBER: P	02000122	598		<u>17</u> .	
The e	nclosed Resignation of Registere	ed Agent fo	r a <u>Co</u> rporat	ion and fee are	submitted for fi	ling.
Pleas	e return all correspondence conce	erning this	matter to the	following:		
Lea	nn M. Warfield, Esq. (Name of Person)	<del></del>	-	, 4	k w <sub>j</sub> Promise 7	
Shu	itts & Bowen LLP	, <del>.</del> .			· = ·	
300	(Name of Firm/Comp S. Orange Ave., Suite 1000 (Address)	iany)		e e e	<u></u>	٠.
Orla	ando, FL 32801 (City/State and Zip C	ode)	- Orac		. <u>'लड</u>	
For fi	urther information concerning thi					
Lea	nn M. Warfield (Name of Person)	at (_	407 ) (Area Code &	423-3200 & Daytime Telep	ohone Number)	
Enclo or \$3	osed is a check made payable to the 5.00 for an administratively disso	he Florida i Nved, volur	Department of tarily dissol	of State for \$8' lved or withdra	7.50 for an active wn corporation.	e corporation
Amer Divis P.O.	ndment Section 2 ion of Corporations 1 Box 6327	409 E. Gain	t Section Corporations	s	-	

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1	1 <b>509, or</b> 617.	1509,			
Florida Statutes, the undersigned,	LEANN M. WARFIELD					
	(Name of Registered	Agent)		_		
hereby resigns as Registered Agent for	VCI, INC.	<del></del>		_•		
	(Name of Corpora	ition)				
P02000122598	=-			÷		
(Document Number, if known)	<del></del>					
A copy of this resignation was mailed to	the above listed corporation a	nt its last kno	wn address	<b>;</b> _		
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day a	fter the date	on which			
(Sig	nature of Resigning Agent)			***		
If signing on behalf of an entity:	<del>-</del> -	<del></del>				
		· <u>**</u>	IV 77 E	03 #A		
Γ)	Typed or Printed Name)		TARY	MAR 28		
	(Capacity)	<u> </u>	OF STA	• <u>□</u>		
	(		TATE ORID	: 🜙 ?		

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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