P02000131986

| (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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2010 MAR -5 AM 9: 34 SECRETARY OF STATE

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| Division of Corporations |
|---|
| SUBJECT: Soar Consulting, Inc. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P02000131986 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Brian Davis |
| (Name of Person) |
| |
| (Name of Firm/Company) |
| (Name of Film Company) |
| 33052 Anasazi Dr |
| (Address) |
| Temecula, CA 92592 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Brian Davis at (951) 541-1816 (Area Code & Daytime Telephone Number) |
| (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Mailing Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsClifton BuildingPost Office Box 63272661 Executive Center CircleTallahassee, FL 32314 |

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150 | 19, |
|---|------------------|
| Florida Statutes, the undersigned, Brian W. Davis | |
| (Name of Registered Agent) | |
| hereby resigns as Registered Agent for Soar Consulting, Inc. | , |
| (Name of Corporation) | |
| P02000131986 | |
| (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 this statement is filed. | which |
| (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | 201 |
| LLAFE. | ZOLO MAR. |
| (Typed or Printed Name) | -5 # 9: [III] |
| (Capacity) | <u> </u> |

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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