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TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJ	ECT: Party XXX, Inc.
	(Name of Corporation)
DOC	MENT NUMBER: P03000042881
The er	closed Resignation of Registered Agent for a Corporation and fee are submitted for fi
Please	return all correspondence concerning this matter to the following:
Lawr	ence J. Smith, Esq.
_	(Name of Person)
Lawr	ence J. Smith, P.A.
	(Name of Firm/Company)
3111	Stirling Road
	(Address)
Fort	auderdale, Florida 33312
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Lawre	nce J. Smith, Esq. at (954) 985-4171 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

04 NOV 23 PM 1:55

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or unchanged ALLAHASSEE, FLORID
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 017.1509,
Florida Statutes, the undersigned, Wesley R. Johnson
(Name of Registered Agent)
hereby resigns as Registered Agent for Party XXX, Inc. (Name of Corporation)
P03000042881
(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:
(Typed or Printed Name)
(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withdrawn corporation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