P030000 71043

(Requestor's Name)			
(Address)			
(,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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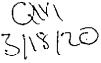
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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	LCR TECNOLOGIES INC
	(Name of Corporation)
DOCU	JMENT NUMBER: P03000071043
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
kELVIN	N.R. PACHECO
	(Name of Person)
LCR TE	ECNOLOGIES INC
	(Name of Firm/Company)
2700 GI	LADES CIRCLE SUITE 113
	(Address)
WESTO	ON FL 33327
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
CHARI	LES E. HALL 904 471 3100 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	HALL FINANCIAL CORPORATION (Name of Registered Agent)	_
	• •	
hereby resigns as Registered Agent	t for LCR TECNOLOGIES INC	
	(Name of Corporation)	
P03000071043		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last known addres	S.
The agency is terminated and the or this statement is filed.	office discontinued on the 31st day after the date on which	
	ş	
	(Signature of Resigning-Agent)	න සූද් ■ සූද්
	(Signature of Resigning-Agent)	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If signing on behalf of an entity:		∵~.
	(Typed or Printed Name)	A STATE A
	P.D	
If signing on behalf of an entity:	Charles Hall	\Box

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