

PO3000079192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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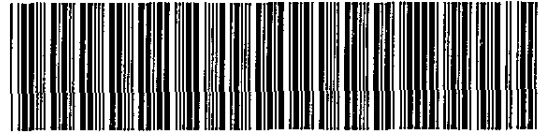
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MARBLEWORX INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P03000079192

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:

James Harrison, Attorney at Law

(Name of Person)

Walker Harrison, Ltd.

(Name of Firm/Company)

2511 Bloor Street West, Suite 410

(Address)

Toronto, Ontario Canada M6S 5A6

(City/State and Zip Code)

For further information concerning this matter, please call:

James Harrison

(Name of Person)

at ( 416 ) 850-0716

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
04 APR 28 PM 4:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
04 APR 28 PM 4:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, David Miley  
(Name of Registered Agent)

hereby resigns as Registered Agent for Marbleworx Inc  
(Name of Corporation)

P03000079192  
(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:

n/a  
(Typed or Printed Name)

n/a  
(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withdrawn corporation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