

P 03 0000 80 354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

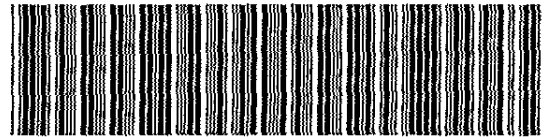
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800033169008

04/29/04--01028--001 \*\*122.50

FILED

04 APR 30 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P0300008035  
4-30-04  
32

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, \_\_\_\_\_

Robert L. Probst  
(Name of registered agent)

hereby resigns as Registered Agent for \_\_\_\_\_

Evidence Inc.  
(Name of corporation)

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]

(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
04 APR 30 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314