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FILED OF CORPORACIONS

RARES 10-4/12.12

COVER LETTER

50 North Laura Street, Suite 2200 (Address)		(Name of Firm/Company)	(
(Address)	50 North Laura Street, Suite 2200	(Name of Firm/Company)	Hinshaw & Culbertson	LLP
		ED Navilla Laura Chronit Culta 2200	(Name o	f Firm/Company)
Jacksonville, FL 32202 (City/State and Zin Code)			(Name o	f Firm/Company) Suite 2200
Jacksonville, FL 32202 (City/State and Zip Code)			(Name o	f Firm/Company) Suite 2200
50 North Laura Street, Suite 2200			(14at	tie of 1 offort
Hinshaw & Culbertson LLP (Name of Firm/Company) 50 North Laura Street, Suite 2200	Hinshaw & Culbertson LLP (Name of Firm/Company)		Geoffrey D. Sessions	me of Person)
(Name of Person) Hinshaw & Culbertson LLP (Name of Firm/Company) 50 North Laura Street, Suite 2200	(Name of Person) Hinshaw & Culbertson LLP (Name of Firm/Company)	(Name of Person)	_	dence concerning this matter to the following:
Geoffrey D. Sessions (Name of Person) Hinshaw & Culbertson LLP (Name of Firm/Company) 50 North Laura Street, Suite 2200	Geoffrey D. Sessions (Name of Person) Hinshaw & Culbertson LLP (Name of Firm/Company)	Geoffrey D. Sessions (Name of Person)		
(Name of Person) Hinshaw & Culbertson LLP (Name of Firm/Company) 50 North Laura Street, Suite 2200	Please return all correspondence concerning this matter to the following: Geoffrey D. Sessions (Name of Person) Hinshaw & Culbertson LLP (Name of Firm/Company)	Please return all correspondence concerning this matter to the following: Geoffrey D. Sessions (Name of Person)	DOCUMENT NUMBER	:
Please return all correspondence concerning this matter to the following: Geoffrey D. Sessions (Name of Person) Hinshaw & Culbertson LLP (Name of Firm/Company) 50 North Laura Street, Suite 2200	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: Geoffrey D. Sessions (Name of Person) Hinshaw & Culbertson LLP (Name of Firm/Company)	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: Geoffrey D. Sessions (Name of Person)		(Name of Corporation)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ge	eoffrey D. Sessions
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Account Receivable Management of Florida, Inc
	(Name of Corporation)
P03000081603	
(Document Number, if known)	_
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
	gnature of Resigning Agent)
If signing on behalf of an entity:	
,	
	(Typed or Printed Name)
	(Typed or Printed Name)
	是 第
	(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