

CAPITAL CONNECTION
Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 14 AM 11:52

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REGISTERED AGENT RESIGNATION

QUALITY FOOD GRADE CARRIERS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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CAPITAL CONNECTION

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QUALITY FOOD GRADE CARRIERS INC.
(Name of Corporation)

DOCUMENT NUMBER: PO3000130364

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:

Victor R. Smith
(Name of Person)

The Smith Law Group, P.A.
(Name of Firm/Company)

P.O. Box 1145
(Address)

Lake Alfred, Florida 33850
(City/State and Zip Code)

For further information concerning this matter, please call:

Victor R. Smith at (863) 956-1119
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, VICTOR R. SMITH

hereby resigns as Registered Agent for QUALITY FOOD GRADE CARRIERS INC.
(Name of Corporation)

P03000130364
(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

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SECRETARY OF
TALLAHASSEE, FLORIDA