# P03000142749

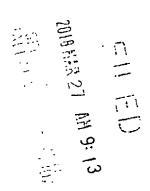
| (R                                      | Requestor's Name)      |          |
|---|------------------------|----------|
| ——————————————————————————————————————  | ddress)                |          |
| (A                                      | address)               |          |
| (C                                      | City/State/Zip/Phone # | )        |
| PICK-UP                                 | ☐ WAIT                 | MAIL     |
| (E                                      | Business Entity Name   | )        |
| (E                                      | Oocument Number)       |          |
| Certified Copies                        | Certificates o         | f Status |
| Special Instructions to Filing Officer: |                        |          |
|   |                        |          |
|   |                        |          |
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#### COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ENTERPRICE CM, INC.

(Name of Corporation)

DOCUMENT NUMBER: P03000142749

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:

## NICOLE J. HUESMANN

(Name of Person)

NICOLE J. HUESMANN, P.A.

(Name of Firm/Company)

150 ALHAMBRA CIRCLE, SUITE 1150

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

NICOLE J. HUESMANN at (305 )858-0220 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,   |
|---|
| Florida Statutes, the undersigned, MARK S. SCOTT, ESQ. (SCOTT, MARK SESQ.)  |
| (Name of Registered Agent)  |
| hereby resigns as Registered Agent for ENTERPRICE CM, INC.  |
| (Name of Corporation)   |
| P03000142749  |
| (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:  |
| MARK S. SCOTT  (Typed or Printed Name)  |
| (Typed or Printed Name)   |
| Attorney 99 (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