P03000151500

SECRETARY OF STATE DIVISION OF CORPORATIONS 2005 SEP - C. S.

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Only/Outlookilph Holle #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TRANSMITTAL LETTER

| | (City/State and Zip Conterming this | , |
|-----------|-------------------------------------|---|
| Melbo | | . d |
| | urne, FL 32935 | |
| | (Address) | |
| 725 TI | homas Barbour Dr. | |
| | (Name of Firm/Compa | iny) |
| <u>-</u> | (Name of Person) | |
| John [| David Clark | |
| Please re | eturn all correspondence concer | rning this matter to the following: |
| The enc | losed Resignation of Registered | d Agent for a Corporation and fee are submitted for filing. |
| DOCU | MENT NUMBER: P030001 | 51500 |
| | CT: Protocol 9 Information T | (Name of 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

DIVISION OF CORPORATION SEP -6 PM 12: 0

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| 07.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| HN DAVID CLARK |
| (Name of Registered Agent) |
| Protocol 9 Information Technology Group, Inc. |
| (Name of Corporation) |
| |
| |
| the above listed corporation at its last known address. |
| discontinued on the 31st day after the date on which |
| gnature of Resigning Agent) |
| |
| Typed or Printed Name) |
| Typed of Timed Canada |
| (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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