## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone

: (850)224-8870

Fax Number

: (850)224-7047

## **REGISTERED AGENT RESIGNATION**

BARRIERMED PACKAGING CO.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$87.50

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Corporate Filing Menu

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Enterrant to me brownsions of sections of	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Wi	lliam B. Pringle III	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	BARRIERMED PACKAGING CO.	
, g to ourground / oug-2 - our	(Name of Corporation)	
P04000084402		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last known address	·
this statement is filed.	discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	- 5 · 5	
	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withdrawn corporation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:
Dividen of Corporations
1.O. Box 6327
Tallahassec, FL 32314