## P04000119810

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

Office Use Only



600047119526

D5 MAR -4 AM ID: 55

LEURE FARY OF STATE
ALLIAHASSEE, FLORID

Control of the contro

Corlos I Way

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,_	CFRA, LLC
	(Name of registered agent)
hereby resigns as Registered Agen	t for Something Used, Something New, Inc. (Name of corporation)
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
statement is filed.	Signature of resigning agent)
If signing on behalf of an entity:	Peter J. W.nder3 (Typed or Printed Name)  Vice President (Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E046(9/98)