## P0400009233

(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



100260360861

05/23/14--01034--003 \*\*465.00

14 HRY 23 PH 1: 32

JUN 0 6 2014 C. CARROTHERS

## 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,Linda-	R Minck (Name of Registered Agent)
hereby resigns as Registered Agent forRaver	nel Systems, Inc. (Name of Corporation)
P04000129223	
(Document Number, if known)	
A copy of this resignation was mailed to the above	e listed corporation at its last known address.
The agency is terminated and the office discontinuing this statement is filed.  (Signature of Figure 2)	Resigning Agent)
If signing on behalf of an entity:	
	rinted Name)
· (Cap	pacity)

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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