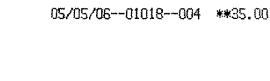
P0400146207

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



600073129156

FILED SECRETARY OF STATE DIVISION OF CORPORATION

Ps sfuloc

COVER LETTER

| Division of Corporations | |
|--|-------------|
| SUBJECT: Carol Wagner, Inc. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: P04000146207 | |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted t | for filing. |
| Please return all correspondence concerning this matter to the following: | |
| Carol Wagner | |
| (Name of Person) | |
| (| |
| | |
| (Name of Firm/Company) | |
| 700 NE 8th Street | |
| (Address) | |
| Pompano Beach FL 33060 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Carol Wagner at (954) 806-9916 | |
| (Name of Person) (Area Code & Daytime Telephone Number | er) |
| | |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 OF AMII: 29 FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, Carol Wagner |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Carol Wagner, Inc. |
| (Name of Corporation) |
| P04000146207 |
| (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: |
| (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:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314