

**P04000154656**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : FOWLER, WHITE 2  
Account Number : 119990000148  
Phone : (813) 769-7692  
Fax Number : (813) 228-9401

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DIVISION OF CORPORATIONS  
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14 AUG 13 AM 4:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION  
CMS ACQUISITION, INC.**

Certificate of Status	0
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CMS ACQUISITION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000154656

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kendra L. Gaugush

Fowler White Boggs

501 E. Kennedy Blvd., Ste 1700

Tampa, FL 33602

For further information concerning this matter, please call:

Kendra L. Gaugush at (813) 228-7411  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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DIVISION OF CORPORATIONS

14 AUG 13 AM 9:42

**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,

**FOWLER WHITE BOGGS BANKER PA n/k/a Fowler White Boggs**

hereby resigns as Registered Agent for **CMS ACQUISITION, INC.**

**P04000154656**

(Document Number)

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:

**FOWLER WHITE BOGGS BANKER PA n/k/a Fowler White Boggs c/o Kendra L. Gaugush**

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
(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**

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