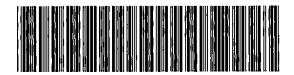
## P05000023765

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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LA Resign



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: UNIQUE FINANCIAL INC.	
(Name of	Corporation)
DOCUMENT NUMBER: P05000023765	
The enclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
TINA MAKI	
(Name of Person)	<del></del>
A1A REGISTERED AGENT INC.	
(Name of Firm/Company)	<del></del>
5647 110TH AVENUE NORTH	·
(Address)	
ROYAL PALM BEACH, FL 33411	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
TINA MAKI at (	866 <sub>)</sub> 703-8828
(Name of Person) (A	rea Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Depor \$35.00 for an administratively dissolved, voluntary	partment of State for \$87.50 for an active corporation rily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Collaborate FL 22201  Mailing Address: Amendment Section Division of Co Post Office Bo Tallahassee, FL	ection rporations x 6327

## 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, A1A REGISTERED AGENT INC.
(Name of Registered Agent)
hereby resigns as Registered Agent for UNIQUE FINANCIAL INC.
(Name of Corporation)
P05000023765
(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
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Jack Molecular (Signature of Resigning Agent)
If signing on behalf of an entity:
TINA MAKI
(Typed or Printed Name)
PRESIDENT
(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withdrawn corporation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