P05000024294

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400158293164

07/14/09--01035--014 **140.00

2009 JUL 14 PM 3: 0

R.A. Pesignation

TB

JUL 2 0 2009

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, SHANN N. Foster
(Name of Registered Agent)
hereby resigns as Registered Agent for
POS 2000 24294 (Document Number, if known)
(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.
Show he hotel
(Signature of Resigning Agent)
If signing on behalf of an entity:
SHARON N. Foster (Typed or Printed Name)
Prisident 30
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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