Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From: Carrie L. Ramos

: GRAYROBINSON, P.A. - ORLANDO Account Name

Account Number : 120010000078 Phone (407)843-8880

Fax Number (407) 244-5690

## REGISTERED AGENT RESIGNATION

CELLMINDER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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## 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, GravRobinson, P.A. (Name of Registered Agent)	
hereby resigns as Registered Agent for Cellminder, Inc. (Name of Corporation)	
P05000026694 (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.  GrayRobinson 9.5.  by:  (Signature of Resigning Agent)	
If signing on behalf of an entity:	
GrayRobinson, P.A./William A. Grimm	
(Typed or Printed Name)	
Director	ر ن ر
(Capacity)	3
	•

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active corporation