P05000044188

(Re	equestor's Name)	
(40	dress)	
(100	wiess;	
(Ad	dress)	
(Cit	ty/State/Zip/Phone i	y)
•	•	,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	9)
•		
(Do	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	1
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: OPUS TAX SERVICES, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P05000044188
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
B. M	fayberry
	(Name of Person)
OPL	JS TAX SERVICES, INC.
	(Name of Firm/Company)
141	1 NE 7th Street
	(Address)
Fort	Lauderdale, FL 33304
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
B. M	ayberry 81 (954) 689-6685
	(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provision	s of sections 60	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509	,	
Florida Statutes, the unde	rsigned, PE	RRYMAN, K. PAULETTE			_
		(Name of Registered Agent)			_
hereby resigns as Registe	egistered Agent for	OPUS TAX SERVICES, INC.			
, ,		(Name of Corporation)			_
P0500044188					
(Document Number,	if known)				
A copy of this resignation	n was mailed to	o the above listed corporation at its last k	nown ac	idress	š.
The agency is terminated this statement is filed.	and the office	discontinued on the 31st day after the da	te on wi	hich	
	Paul	the Perspres		-	
	(Sig	gnature of Resigning Agent)	-		
If signing on behalf of an	•	ette Perryman Typed or Printed Name)			
	(Typed or Printed Name)	_		
		(Capacity)			
Make	\$87.50 - Act	g this document: ive corporation ministratively dissolved/voluntarily dissoluted/voluntarily dissoluted/voluntarily dissoluterawn corporation to Florida Department of State and mail to: Nivision of Corporations	SECRETARY OF ST	06 JAN 23 PM 1: 28	FILED
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	,	P.O. Box 6327 Tallahassee, FL 32314	▶,,,	œ	