810110C

| (Requestor's Name) | |
|---|---------------------------------------|
| (Address) | 900162709869 |
| (Address) (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 11/16/0901052023 **87. |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | SECHETAL TALLAHAS |
| Special Instructions to Filing Officer: | SECRETARY OF STATE ALLAHASSEE FLORIDA |
| | Voot |

Office Use Only

11/8.09

**87.50

COVER LETTER

| | ECT: GCSI-Paintscape, Inc. | |
|--------|--|-------|
| SUBJ | (Name of Corporation) | |
| ooci | MENT NUMBER: P05000110180 | |
| The en | closed Resignation of Registered Agent for a Corporation and fee are submitted for fil | ling. |
| Please | return all correspondence concerning this matter to the following: | |
| Nich | olas L Cahoo | |
| | (Name of Person) | |
| GCS | I-Paintscape, Inc. | |
| | (Name of Firm/Company) | |
| 8251 | Blaikie Court | |
| | (Address) | |
| Sara | sota, FL 34240 | |
| | (City/State and Zip Code) | |
| For fu | ther information concerning this matter, please call: | |
| Nicho | at (941) 374-2679 | |
| | las Cahoo at (941) 374-2679 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 6 | 507.0502(2), 617.0502(2), 607.1509, or 617. | 1509, |
|--|---|----------------------|
| Florida Statutes, the undersigned, Nicholas L Cahoo | | |
| | (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | GCSI-Paintscape, Inc. | |
| northy resigns as registered rigent for | (Name of Corporation) | |
| P05000110180 | | |
| (Document Number, if known) | - | |
| A copy of this resignation was mailed | to the above listed corporation at its last kno | wn address. |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after the date | on which |
| | Zu | |
| Ys | ignature of Resigning Agent) | 75 ZE |
| If signing on behalf of an entity: | | ZOUS NOV |
| | | AHASSI ANDV 16 |
| | | ASSI 6 |
| <u> </u> | (Typed or Printed Name) | 77800 |
| | | |
| | | PHIO: 53 |
| | (Capacity) | : 53 ATE ORIDA |
| | (Oupacity) | |

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
Tailahassee, FL 32314