

P05000128453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

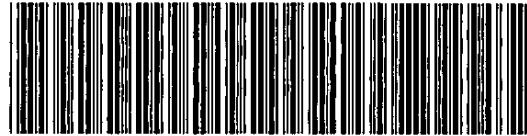
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resinger

G. Coulllette OCT 19 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Byksty 12, inc
(Name of Corporation)

DOCUMENT NUMBER: P05000128453

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Ransford
(Name of Person)

(Name of Firm/Company)

1300 NW 167th St, Ste 1
(Address)

Miami Gardens, FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Ransford at (305) 527-3203
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FYI, I never gave permission for my name to be
used as registered agent for this business.

Joel

**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,

Joel Ransford

(Name of Registered Agent)

hereby resigns as Registered Agent for

Bykstylz, inc

(Name of Corporation)

P05000128453

(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.

Joel Ransford
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**