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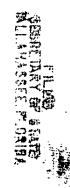
(Re	questor's Name)	
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. PICK-UP	☐ WAIT	MAIL
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, (Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	-
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUB.I	ECT: AMERICAN CATALIN INC.	
3 C D 0	(N	ame of Corporation)
OC	UMENT NUMBER: P0500013237	72
The e	nclosed Resignation of Registered Age	ent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning	this matter to the following:
Brer	nna Moriarty	
	(Name of Person)	-
BizF	ilings	
	(Name of Firm/Company)	
804	Excelsior Dr Suite 200	
	(Address)	
Mad	ison, WI 53717	
	(City/State and Zip Code)	
For fu	orther information concerning this matter	er, please call:
Bren	na Moriarty	at (608) 827-5300 x232
	(Name of Person)	(Area Code & Daytime Telephone Number)

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro-	ovisions of sections 60	97.0502(2), 617.0502(2), 607.1509, or 617.	1509,		
Florida Statutes, ti	the undersigned, Business Filings Incorporated				
		(Name of Registered Agent)			
hereby resigns as	Registered Agent for	AMERICAN CATALIN INC.			
		(Name of Corporation)	,		
P05000132372	2				
(Document 1	Number, if known)		_		
A copy of this res	ignation was mailed to	the above listed corporation at its last know	wn address.		
The agency is terr this statement is f		discontinued on the 31st day after the date of	on which		
-	Brennach	gnature of Resigning Agent)			
If signing on beha	alf of an entity:				
	Brenna Moriarty		OG AL		
-	(DO AUG 18			
	Assistant Secreta	ry for Business Filings Incorporated	PH 25. 温度		
•		(Capacity)	P. S.		

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