P05000157911

(Requestor's Name)
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(Document Number)
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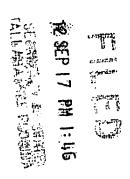
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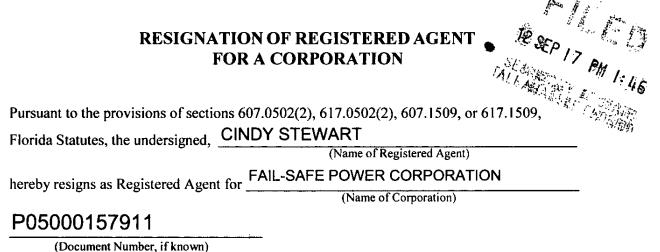
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SEP 1 9 2012 T. ROBERTS



The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

A copy of this resignation was mailed to the above listed corporation at its last known address.

	(Signature of Resigning Agent)	
If signing on behalf o	f an entity:	
	(Typed or Printed Name)	
	(Capacity)	<u> </u>

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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