

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000038599 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

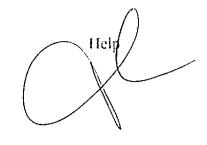
Email Address: cls-agentresignations@wolterskluwer.com

REGISTERED AGENT RESIGNATION ASPEN ADMINISTRATORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



To:

Pursuant to the provisions of section	ons 607.0505(2), 617.0502(2), 607.1509, 6r 617.1509.	
Florida Statutes, the undersigned,	CT CORPORATION SYSTEM	
-	(Name of Registered Agert)	
horoby rociane as Rogistorod Agon	t for ASPEN ADMINISTRATORS, INC.	
netery resigns as registered regen	(Name of Convition)	
P05000168387		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last known add	lress.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the date on whi	ch
	Nancy Helm-Brown	25
 	(Signature of Resigning /تيع)	124
If signing on behalf of an entity:		2024 29
NANCY HELM-BE	SOMN.	
	(Typed or Printed Nrrú)	 - -
ASSISTANT SECR	ETARY	
	(Chniy)	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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