## P060000 32324

| (Re                                     | equestor's Name)   |              |
|---|--------------------|--------------|
| (Ad                                     | dress)             |              |
| (Ad                                     | ldress)            | <del> </del> |
| (Cit                                    | ty/State/Zip/Phone | e #)         |
| PICK-UP                                 | WAIT               | MAIL         |
| (Bu                                     | siness Entity Nar  | me)          |
| (Document Number)                       |                    |              |
| Certified Copies                        | _ Certificates     | s of Status  |
| Special Instructions to Filing Officer: |                    |              |
|   |                    |              |
|   |                    |              |
|   |                    |              |

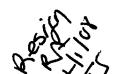
Office Use Only



500137983715

11/24/08--01046--006 \*\*87.50





## **COVER LETTER**

| TO:    | Division of Corporations  |  |  |
|--------|---|--|--|
| SUBJ   | ECT: ACCENTA, INC.  |  |  |
|        | (Name of Corporation)   |  |  |
| DOCI   | UMENT NUMBER: P06000032324  |  |  |
| The er | nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |  |  |
| Please | return all correspondence concerning this matter to the following:                          |  |  |
| TUN    | ISHA SCOTT  |  |  |
|        | (Name of Person)  |  |  |
| INC    | DRPORATING SERVICES, LTD.   |  |  |
|        | (Name of Firm/Company)  |  |  |
| 3500   | S. DUPONT HWY.  |  |  |
|        | (Address)   |  |  |
| DOV    | 'E, DE 19901  |  |  |
|        | (City/State and Zip Code)   |  |  |
| For fu | rther information concerning this matter, please call:                                      |  |  |
| TUNI   | SHA SCOTT at ( 302 ) 531-0855  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

| Florida Statutes, the undersigned,                           | INCORPORATING SERVICES LTD.                                   |
|--|---|
| , , , , , , , , , , , , , , , , , ,                          | (Name of Registered Agent)                                    |
| hereby resigns as Registered Agent                           | for ACCENTA, INC.   |
| , , ,  | (Name of Corporation)   |
| P06000032324   |   |
| (Document Number, if known)                                  |   |
| A copy of this resignation was mail                          | ed to the above listed corporation at its last known address. |
| The agency is terminated and the of this statement is filed. | (Signature of Resigning Agent)                                |
| If signing on behalf of an entity:                           |   |
| CANDICE B.   | SWETLAND  |
|  | (Typed or Printed Name)                                       |
|  |   |
| ASSISTANT S  | BECRETARY   |
|  | (Capacity)  |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active corporation

Tallahassee, FL 32314