orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

: (302)531-0855

Fax Number

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

REGISTERED AGENT RESIGNATION STORMBLOK SYSTEMS, INCORPORATED

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: STORMBLOK SYSTEMS, INCORPORATED
(Name of Corporation)
DOCUMENT NUMBER: P06000035396
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:
TUNISHA SCOTT
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S. DUPONT HWY.
(Address)
DOVER, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
TUNISHA SCOTT at (800) 346-4646
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

MILECULA MASSEE. Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, INCORPORATING SERVICES LTD. Florida Statutes, the undersigned, (Name of Registered Agent) hereby resigns as Registered Agent for STORMBLOK SYSTEMS, INCORPORATED (Name of Corporation) P06000035396 (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

If signing on behalf of an entity:

CANDICE B. SWETLAND

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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 Tallabassee, FL 32314