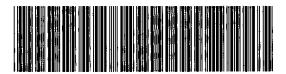
POUCO 53379

(Requestor's Name)	•
(Address)	,
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:]

Office Use Only

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2010 JUL 29 PH 1: 13
TALLAHASSEE, FLORIGE

COVER LETTER

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 section	ons 607.0502(2), 617.0502(2), 607.1509, o	or 617.1509,
Florida Statutes, the undersigned,	(Name of Registered Agent)	,
hereby resigns as Registered Agent	t for NOORS FOOD TW (Name of Corporation)	<u>C.</u>
POLOOOO522 (Document Number, if known)	.79	
A copy of this resignation was mai	iled to the above listed corporation at its la	st known address.
The agency is terminated and the o this statement is filed.	office discontinued on the 31st day after th	e date on which
	her M	A
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		2010 JUL 29 SECRETARY
	(Typed or Printed Name)	PH :
		A G
-	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tallahassee, FL 32314