## P06000080152

(Req	uestor's Name)	)
(Addi	ress)	
(Addi	ress)	
(City/	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		
,		
		:

Office Use Only



300262739013

08/12/14--01022--005 \*\*415.00

HANG 12 PM 12: 32

C. LEWIS

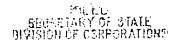
AUG 2 0 2014

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT:	ERIS, INC.	
	(Name of Corporat	tion)
DOCUMENT NUMBER: P06000080	1152	
The enclosed Resignation of Registered Ag	gent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concernir	ng this matter to t	he following:
Tiffany Roth		
(Name of Person)		_
National Corporate Rese	earch, Ltd.	
(Name of Firm/Company)	)	=
615 S Dupont Hwy		
(Address)		_
Dover, DE 19901		
(City/State and Zip Code)	1	_
For further information concerning this ma	atter, please call:	
Tiffany Roth	at (866	621-3524 e & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to the F	lorida Departmer	nt of State for \$87.50 for an active 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

14 AUG 12 PH 12: 32

Pursuant to the provisions of secti	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	National Corporate Research, Ltd.
	(Name of Registered Agent)
hereby resigns as Registered Ager	of for SOUFLERIS AND SOUFLERIS, INC.
nereby resigns as registered Ager	(Name of Corporation)
P06000080152	
(Document Number, if known)	
A copy of this resignation was ma	tiled to the above listed corporation at its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which  (Signature of Resigning Agent)
If signing on behalf of an entity:	
Florence S	Spelzhausen
	(Typed or Printed Name)
Assistant S	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
Tallahassee, FL 32314