106000112253

| (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



400110201344

10/04/07--01011--030 **87.50

fA Cerigo

CRETARY OF STATE

COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------|--|
| | Division of Corporations |
| SUBJI | ECT: PCO CLIENT MANAGEMENT, INC. |
| | (Name of Corporation) |
| DOCU | MENT NUMBER: P06000112253 |
| The en | closed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| JOH | N URBAN |
| | (Name of Person) |
| URB | AN & THIER, P.A. |
| | (Name of Firm/Company) |
| 200 9 | S. ORANGE AVENUE, SUITE 2025 |
| | (Address) |
| ORL | ANDO, FL 32801 |
| | (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| MATT | THEW FISCHER at (407) 245-8352 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| FOR A CORPORATION ALLAHASSEE, FL Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
| Florida Statutes, the undersigned, URBAN & THIER, P.A. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for PCO CLIENT MANAGEMENT, INC. |
| (Name of Corporation) |
| P06000112253 |
| (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. |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| JOHN URBAN |
| (Typed or Printed Name) |
| |

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