Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

R. WHITE

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RECEIVED 3feb 14 AM 8: 08 REGISTERED AGENT RESIGNATION LEDESIA MANAGEMENT, INC.

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## **COVER LETTER**

IU:	Division of Corporations
SUBJ	ECT: LEDESIA MANAGEMENT, INC. (Name of Corporation)
DOCI	UMENT NUMBER:_ P06000122406
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	'ER, DE 19901
-	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
TUNI	SHA 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the p	provisions of sections of	07.0502(2), 617.0502(2), 607.1509, 6 <b>r</b> 61	7.1509,		
Florida Statutes,	the undersigned, INC	CORPORATING SERVICES LTD. (Name of Registered Agent)			
hereby resigns as	Registered Agent for	LEDESIA MANAGEMENT, INC. (Name of Corporation)	<u>., · · · · · · · · · · · · · · · · · · ·</u>	<del></del>	_9
P0600012240	16				
(Document	Number, if known)	<del></del>			
A copy of this re	signation was mailed to	the above listed corporation at its last kr	iown ad	dress.	ı
The agency is ter this statement is	filed.	discontinued on the 31st day after the date of the day after the day aft	e on wh	ich	·
If signing on beh		enature of Resigning Agent)	SECRETARY	13 FEB	
	(	Typed or Printed Name)	-Eg	Ţ	m
	ASSISTANT SEC		FLORIBA	PH 3: 34	$\bigcirc$
		(Capacity)	عسبي	1	

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