## 100000/52527

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





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SECRETARY OF STAFE

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## **COVER LETTER**

10:	Division of Corporations
SUBJ	ECT: Sermove IN, WC.  (Name of Corporation)  UMENT NUMBER: PO6 000/52527
DOC	UMENT NUMBER: P 06 000/52527
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Nick Streat +2 (Name of Ferson)
	(Name of Firm/Company)  169 E Flaglai St #151Z  (Address)
	(Address)  MIA FIA 33/3/ (City/State and Zip Code)
For fu	(Name of Person)  Archer information concerning this matter, please call:  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT

SECRETARY OF STATE
FOR A FLORIDA PROFIT CORPORATION TALLAHASSEE. FLORIDA

PURSUANT to the provisions of sections 607.0502(2), 617.0502(2),

607.1509, or 617.1509, Florida Statutes, undersigned, NICK W.

STIEGLITZ, JR., hereby resign as Registered Agent for Sermorelin, Inc., a profit corporation with document number P 06 000152527, organized under the laws of the State of Florida, effective immediately.

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.