

P07000082433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

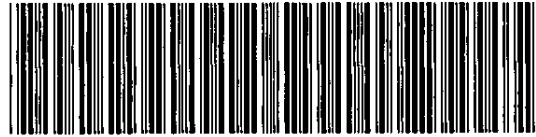
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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*Resignation
to officer*

09/03/09--01001--009 **35.00

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09 SEP -2 PM 3:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 SEP -2 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AR
9/2/09*

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RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CAPITAL Connection, INC
(Name of Registered Agent)

hereby resigns as Registered Agent for W. McKinley SMILEY, JR. & Associates, P.A.
(Name of Corporation)

PO7000082433
(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.

Barbara Nealey
(Signature of Resigning Agent)

If signing on behalf of an entity:

CAPITAL Connection, INC
(Typed or Printed Name)

Client Rep
(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withdrawn corporation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