

## Florida Department of State

Division of Corporations Public Access System

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> ERE LAF

Account Name Account Number

: BROAD AND CASSEL-TAMPA

Account Number: 120080000032
Phone: (813)225-3028
Fax Number: (813)204-2130

# REGISTERED AGENT RESIGNATION

#### XIAN FLORIDA INC.

Certificate of Status	0
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		-				
SUB.	JECT: Xian Florida Inc.						_
		(Name of	Corpore	tion)	•		•
DOC	UMENT NUMBER: P080	00056109					•
The	enclosed Resignation of Regist	ered Agent for a	Corpo	ratio	n and fee are s	ubmitted for	r filing.
Pleas	e return all correspondence co	ncerning this ma	atter to	the f	following:	•	
Rot	oert E. Sickles						
	(Name of Pers	ion)		_			
Bro	ad and Cassel						
	(Name of Firm/Co	mpany)					
100	N. Tampa Street, Suite 35	00 -					
	(Address)			_			
Tan	npa, Florida 33602						
	(City/State and Zi	p Code)		_			
For f	urther information concerning	this matter, plea	se call:				
Rob	ert E. Sickles	at (	813		225-3027		
	(Name of Person)	(A	rea Coc	le &	Daytime Telepho	me Number)	-
Enclo or \$3	osed is a check made payable t 5.00 for an administratively di	o the Florida De issolved, volunts	partme irily dis	nt of solv	State for \$87.5 ed or withdraw	0 for an act n corporation	ive corporation m.
Ame Divis Clifto 2661	et Address: Induction Section Identifications Identifications Inductions Indu	Mailing Addr Amendment S Division of Co Post Office Bo Tallahassee, F	ection orporation ox 6327	ons 4			

CR2E046(04/05)

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## **RESIGNATION OF REGISTERED AGENT** FOR A CORPORATION

rursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Plorida Statutes, the undersigned, Robert E. Sickles .
(Name of Registered Agent)
nereby resigns as Registered Agent for Xian Florida Inc.
(Name of Corporation)
P0800056109
(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:
(Typed or Printed Name)
(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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 F.O. Box 6327 Tallahassas, FL 32314