

P08000062436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

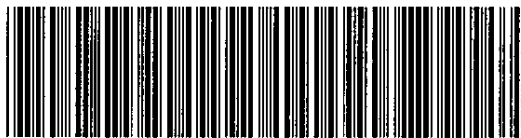
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document by
telephone call
TL 9/1/09

Office Use Only



500159836585

08/31/09--01047--018 **35.00

RA Resign

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 31 AM 11:41

T Roberts SEP 01 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IM 101 INC
(Name of Corporation)

DOCUMENT NUMBER: P08000062436

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON

(Name of Person)

CAPE COD MGMT SVC INC

(Name of Firm/Company)

314 NE 27TH STREET

(Address)

WILTON MANORS FL 33334-2020

(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL PEACH CONDRON at (954) 630-8300
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 31 AM 11:42

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

Florida Statutes, the undersigned, Cape Cod Management Services Inc
(Name of Registered Agent)

hereby resigns as Registered Agent for IM 101 INC,
(Name of Corporation)

P08000062436

(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.

April Condron
(Signature of Resigning Agent)

If signing on behalf of an entity:

APRIL CONDRON

(Typed or Printed Name)

PRESIDENT CAPE COD MGMT SVC INC

(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