

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6380

**From:**

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAY 12 PM 2:11

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
DISTRIBUTION CONSULTANTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

11 MAY 12 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA/RES  
@ 5/12/11

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISTRIBUTION CONSULTANTS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08970

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:

**Stephanie Wright**

(Name of Person)

**BlumbergExcelsior Corporate Services, Inc.**

(Name of Firm/Company)

**62 White Street**

(Address)

**New York, N.Y. 10013**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Stephanie Wright**

(Name of Person)

at ( 800 ) 221-2972 ext. 552

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Blumberg Excelsior Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for DISTRIBUTION CONSULTANTS, INC.

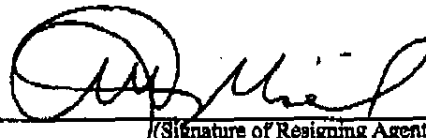
(Name of Corporation)

P08970

(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:

Marc D. Moel

(Typed or Printed Name)

Asst. Secretary

(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

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DIVISION OF CORPORATIONS  
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