P09000013333

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | : |
| | | |
| | | |

Office Use Only



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01/04/10 --01037--026 **87.50



PA Resign.

D. CORRELL JAN 0 8 2010

COVER LETTER

| SUBJECT: KRYGSMAN OPERATIONS CORP. (Name of Corporation) | |
|---|--------------------------|
| ` ' | |
| OCUMENT NUMBER: P09000013333 | |
| 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: | |
| Lorraine Krygsman | |
| (Name of Person) | |
| ` <i>'</i> | |
| KRYGSMAN OPERATIONS CORP. | |
| (Name of Firm/Company) | |
| 3001 N. Rocky Point Drive E. #200 | |
| (Address) | |
| Tampa, FL 33607 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Lorraine Krygsman at (727) 424-066 | 1 |
| (Name of Person) (Area Code & Daytime Te | elephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or 617. | 1509, | | |
|--|---|---------|-------------|--|
| Florida Statutes, the undersigned,Ja | Mes A. Bankes (Name of Registered Agent) | | | |
| hereby resigns as Registered Agent for | Krygsman Operations Corp (Name of Corporation) | | | |
| P09000013333 | | | | |
| (Document Number, if known) | | | | |
| A copy of this resignation was mailed to | o the above listed corporation at its last kno | wn addi | ress. | |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date | on whic | h | |
| Fron | G Bankes | | | |
| (Si ₁ | gnature of Resigning Agent) | .24 | | |
| If signing on behalf of an entity: | | が発音 | 10 JAN -1 | METHODOLOGY METHODOLOGY STEEDWARD JAMES STORM |
| (| Typed or Printed Name) | | * | V V |
| | | | AM 10: 0 | |
| AND | (Capacity) | أغلقه | , E | |

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