

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

Office Use Only



200278592042

FILING CANCELLED RETURNED CHECK

11/03/15--01016--001 **87.50

ALLAHASSEE, FURDA

NOV 0 4 2015

R. WHITE

15 NOV -3 PH 1: 02

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Shop Cen Pases Com (Name of Corporation) PO 90000 14667
DOCUMENT NUMBER: 6090000 14667
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:
(Name of Person)
(Name of Person)
Shop Ken Paves. Com (Name of Firm/Company)
(Address)
Scraso Ja FL 34239 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (941) 328-8285 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILING CANCELLED 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, (Name of Registered Agent)		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Shop con Parcy . C (Name of Corporation)	.0/-,	
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	wn addre	SS.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	ļ
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
(Typed or Printed Name)		
(Typed or Printed Name)		
Officer		
(Capacity)	15 NOV -3	
Fee for filing this document:		
\$87.50 - Active Corporation		
\$35.00 - Administratively dissolved/voluntarily dissolv	ed/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation