

P09 000033286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

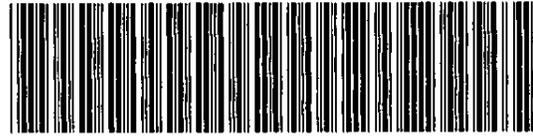
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT -9 PM 3:32

FILED
12 OCT -9 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EPK

OCT - 9 2012

C. MUSTAIN

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BRADLEY LAW FIRM, PA.

P09000033286

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BARB 10-09 PM
 _____ _____ _____
 Name Date Time

Walk-In _____ Will Pick Up _____

**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, Your CAPITAL Connection, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for BRADLEY LAW FIRM, PA
(Name of Corporation)

P09000033286
(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.

Barbara Neely
(Signature of Resigning Agent)

If signing on behalf of an entity:

Your CAPITAL Connection, Inc.
(Typed or Printed Name)
CLIENT REPRESENTATIVE
(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withdrawn corporation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

FILED
12 OCT -9 PM 5:43
TALLAHASSEE, FLORIDA