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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
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FILED 2011 NOV 14 AM ID: 25 SECRETARY OF STATE AREASSEE FLORID

NOR 11/11/11

COVER LETTER

TO:	Amendment Section Division of Corporations	
	•	

(Name of Corporation) DOCUMENT NUMBER: <u>PO 900006 48 75</u>

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:

FABLEN Wright

Computer System NetWork Inc (Name of Firm/Company)

3600 South State Road 7

(Address)

Nivamar Fla. 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION ZUII NOV 14 AM 10: 25

SECRETARY OF STATE
TALL AHASSEE, FLORID

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)

hereby resigns as Registered Agent for

(Name of Corporation)

(Name of Corporation)

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.

If signing on behalf of an entity:

TABLAN WNGLT
(Typed or Printed Name)

(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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