Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

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REGISTERED AGENT RESIGNATION MERCURY MANAGEMENT, INC.

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Corporate Filing Menu

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COVER LETTER

SUBJECT:	RY MANAGEMENT, INC. (Name of Corporation	<u></u>
DOCUMENT NUMBE	D0000074000	
The enclosed Resignatio	on of Registered Agent for a Corporat	ion and fee are submitted for filing.
Please return all correspo	ondence concerning this matter to the	e following:
We	endy Hefley	
(N	Name of Person)	
Incorp	Services, Inc.	
(Name	e of Firm/Company)	
2360 Corpoi	rate Circle, Suite 400	
· · · ·	(Address)	
Hende	rson, NV 89074	
(City/	State and Zip Code)	·
For further information of	concerning this matter, please call:	
		866-2500 ext. 6601
Wendy Hefley for Inc	corp Services, Inc. $_{at}$ 702 $_{\lambda}$	& Daytime Telephone Number)

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 607.0502(2), 617.0502(2), 607.1509, or 6	17.1509,	
Florida Statutes, the undersigned, Incorp Services, Inc.		
(Name of Registered Agent)		
hereby resigns as Registered Agent for MERCURY MANAGEMENT, INC.		
(Name of Corporation)		
P09000074999		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last k	nown address.	
The agency is terminated and the office discontinued on the 31st day after the dath this statement is filed. InCorp Services, Inc.	te on which	
(Signabure of Resigning Agent)	_	
(3) Engrithe of Gest Mins Wheni)		
If signing on behalf of an entity:	●後 あ	
Wendy Hefley	83	
(Typed or Printed Name)		
Authorized Representative	-2 AM 9:	
(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
Taliahassee, FL 32314