P09000078604

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAÎL	
;	(Business Entity Name)	
(Document Number)		
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2010 JUL - 1 AM 10: 42
SECRETARY OF STATE
FALL AHASSEF, FLORIDA

R.A. Resign.

TB JUL - 7 2010

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: PhotoStyles, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: P09000078604
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Kim I	Knowlton
	(Name of Person)
Kane	e and Koltun, Attorneys at Law
	(Name of Firm/Company)
557 1	North Wymore Road, Suite 100
	(Address)
Maitl	and, Florida, 32751
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
Kim k	Knowlton at (407) 661-1177
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, El	len Towers
_	(Name of Registered Agent)
hereby resigns as Registered Agent for	PhotoStyles, Inc.
, , , , , , , , , , , , , , , , , , , ,	(Name of Corporation)
P09000078604	
(Document Number, if known)	
A copy of this resignation was mailed t	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
- Oley	gnature of Resigning Agent)
If signing on behalf of an entity:	THE REPORT OF THE PARTY OF THE
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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