1/4/2017 2:59 PM FROM: 8883447262

TO: +18506176380

P. 1 Page 1 of 2



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.

(((H17000002965 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number: T20150000034 : (239)344-7417 Fax Number : (888) 344-7262

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

			/
Email	Address:		V

## REGISTERED AGENT RESIGNATION FINANCE SERVICE GROUP INC

Certificate of Status	0
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K/A-Resign

## COVER LETTER .

TO: Amendment Section Division of Corporations

FINANCE SERVICE GROUP INC

(Name of Corporation)

DOCUMENT NUMBER: P09000094245

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:

ISMAEL CARDOSO

(Name of Person)

TIMELINE BUSINESS CENTER LLC

(Name of Firm/Company)

8981 DANIELS CENTER DR 208

(Address)

FORT MYERS, FL 33912

(City/State and Zip Code)

For further information concerning this matter, please call:

ISMAEL CARDOSO

<sub>ac</sub>239 \344-7417

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 1/4/2017 2:59 PM

FROM: 8883447262

TO: +18506176380

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## 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, TIMELINE BUSINESS CENTER LLC		
(Name of Registered Agent)		
hereby resigns as Registered Agent for FINANCE SERVICE GROUP IN	1C	
(Name of Corporation)	<del></del>	
P09000094245		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known ad	idress.	
The agency is terminated and the office discontinued on the 31st day after the date on whethis statement is filed.  (Signature of Resigning Agent)  If signing on behalf of an entity:	hich	
ISMAEL CARDOSO		
(Typed or Printed Name)		7
	SE L F	<u>-</u>
OWNER - MANAGER		ï
(Capacity)	M 10: 29	フ

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