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RES MAND

COVER LETTER

Division of Corporations
SUBJECT: CHOWN FINANCIAL GROUP, INC (Name of Corporation)
DOCUMENT NUMBER: 409000097190
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:
(Name of Person)
(Name of Firm/Company)
1028 BEN AIR OR #3
HIGHTAND BEACH FU 33487. (City/State and Zip Code)
For further information concerning this matter, please call:
14N McAuse IN at (154) 881-6325. (Name of Person) at (154) 881-6325. (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 pro	visions of sections 6	607.0502(2), 617.0	502(2), 607.1509, or	617.1509,	
Florida Statutes, th	e undersigned,	IAN MCAUS	LIN		
hereby resigns as F	Registered Agent for	Crown	e of Registered Agent) F.N ANC IAC ame of Corporation)	Glove.	INC
P090000 G (Document N	77190 umber, if known)	_			
- A copy of this resig	gnation was mailed t	to the above listed	corporation at its last	known address.	
The agency is term this statement is fil		e discontinued on the	ne 31st day after the c	late on which	
-	(S)	ignature of Resigning	Agent)		
If signing on behalf					
_	((Typed or Printed Nam	e)	19 DEC -6	AELAII/85
_	•	(Capacity)			e mate

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withdrawn corporation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