

P1000000 6818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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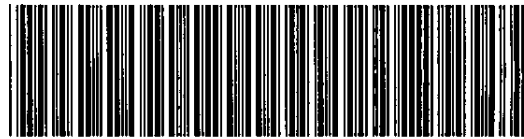
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 JAN -8 PM 2:49

RA Resign

JAN 15 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAD SKILZ, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000006818

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:

KATHY WOOD

(Name of Person)

(Name of Firm/Company)

PO BOX 1976

(Address)

ORMOND BEACH, FL 32175

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY WOOD at (904) 361-8366
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

14 JAN -8 PM 2:49

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, KATHY WOOD

(Name of Registered Agent)

hereby resigns as Registered Agent for MAD SKILZ, INC.

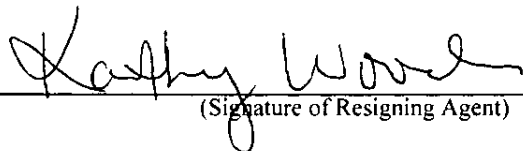
(Name of Corporation)

P10000006818

(Document Number, if known)

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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(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**