

Fax Server

8/5/2016 12:37:34 PM PAGE 1/002

Fax Server



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Division of Corporations

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firom:

Account Name

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: (813)227-8500

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\*\*Moter the email address for this business entity to be used for tyture annual report mailings. Enter only one email address please. 1

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## REGISTERED AGENT RESIGNATION STARK MEDICAL INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

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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, Dane Thomas  |
| (Name of Registered Agent)  |
| hereby resigns as Registered Agent for Stark Medical Inc.   |
| (Name of Corporation)   |
| P1000035966   |
| (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)  |
| (Signature of tweeting receiv)  |
| If signing on behalf of an entity:  |
| Ogne Thomas<br>(Typed or Printed Name)  |
| (Typed of Frince Name)  |
| CEO E   |
| (Capacity)  |
|   |
|   |
| Fee for filing this document:   |
| \$87.50 - Active Corporation  |
| \$35.00 - Administratively dissolved/voluntarily dissolved/   |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahussee, FL 32314

withdrawn corporation