## P10000039850

(Renuestarie Name)
HOBE SOUND, FL 33455
(Address)
(City/State/Zip/Phone #)
(ON) CONTROL OF
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
ALLAHASSEF FLORIN

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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, JOHN C ROGERS  (Name of Registered Agent)
hereby resigns as Registered Agent for COMPLETE INTERNAL CONTROLS, FUC
P100000 39850
(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.
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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