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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

Fmail	Address:	
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REGISTERED AGENT RESIGNATION SALESMETRICS, INC.

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SECRETARY OF STATE
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ.	ECT: SALESMETRICS, INC.
	(Name of Corporation) UMENT NUMBER: P10000070172
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
MC	NICA CLIFFORD
	(Name of Person)
INC	ORPORATING SERVICES, LTD.
	(Name of Firm/Company)
350	0 S DUPONȚ HWY
	(Address)
DO/	/ER, DE 19901
	(City/State and Zip Code)
For fu	arther information concerning this matter, please call:
MC	NICA CLIFFORD at 800 346-4646
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, INCORPORATING SERVICES, LTD. THC
(Name of Registered Agent)
hereby resigns as Registered Agent for SALESMETRICS, INC.
(Name of Corporation)
P10000070172
(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:
AMY BALKE
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity) $ω$
Fee for filing this document:

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation