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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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EIVISION OF CORPORALICATION

RARES

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Innomark (Orp. (Name of Corporation)
DOCUMENT NUMBER: P 100000 83 903
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:
Adriana Mirage (Name of Person)
Innomark Corp (Name of Firm/Company)
1221 (elebration Alexa Suite 103 (Address)
Celebration - FL - 34747 (City/State and Zip Code)
For further information concerning this matter, please call:
Adriana Mirage at (407) 9147062 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Amendment Section

Visiting Address:
Amendment Section
Division of Connotations

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, Robin Malatin O (Name of Registered Agent)	
hereby resigns as Registered Agent for Innomark Corp., (Name of Corporation)	
P 1 00000 83 903 (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)	} !
(Typed or Printed Name) 25 Children 8:	TOTAL STATE
(Canacity)	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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