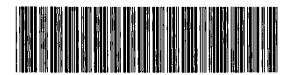
## P10000084023

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

FO: Amendment Section Division of Corporations
THIBAUT INTERNATIONAL INCORPORATED
(Name of Corporation)
DOCUMENT NUMBER: P10000084023
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:
JOAN WALLIS
(Name of Person)
WALLIS & WALLIS, P.A.
(Name of Firm/Company)
1600 S FEDERAL HWY, STE 470
(Address)
POMPANO BEACH, FL 33062 (City/State and Zip Code)
For further information concerning this matter, please call:
JOAN WALLIS  (Name of Person)  at (954) 9419005  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made navable to the Florida Department of State for \$87.50 for an active co

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, WALLIS & WALLIS, P.A.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for THIBAUT INTERNATIONAL INCORPORATI	ΞD
(Name of Corporation)	
P10000084023	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known ad-	dress.
The agency is terminated and the office discontinued on the 31st day after the date on wh this statement is filed.	ich
Joan M Callis	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
JOAN WALLIS	
(Typed or Printed Name)	
VICE-PRESIDENT	120 OCT
(Capacity)	<u> </u>

Fee for filing this document: \$87.50 - Active corporation

\$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