·P11000067683

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Ziph Home #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2015 APR 17 AM 9: 08
SECRETARY OF STATE
ALLAHASSEE FI OPIDA

APR 2 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Design Magin Have ANC (Name of Corporation)
DOCUMENT NUMBER:
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:
NATIAA TALAL (Name of Person)
DESIGN HAGNIFIQUE (Name of Firm/Company)
2709 Pythasovas Cr
O Coce FL 3476 \ (City/State and Zip Code)
For further information concerning this matter, please call:
Marilyn Ruscell at (H07) 430 33 10 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, (Name of Registered Agent)			
hereby resigns as Registered Agent for Design to Corporation)	NC		
PII 000 067683 (Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known add	lress.		
The agency is terminated and the office discontinued on the 31st day after the date on whi this statement is filed.	ch		
(Signature of Resigning Agent)	₩o.	20	
If signing on behalf of an entity:	ECKET/	2015 APR 17	
(Typed or Printed Name)	ARY OF	17 AH	m
	STATE FLORIDA	H 9: 08	O

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)