Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number: 120120000007 : (702)866-2500 Phone Fax Number : (702)866-2689

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11111

REGISTERED AGENT RESIGNATION THE LOCKER ROOM, INC.

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02:58:46 p.m. 07-08-2015 27

COVER LETTER

Division	n of Corporations
SUBJECT:	THE LOCKER ROOM, INC.
	(Name of Corporation)
DOCUMENT	NUMBER: P12000033720
The enclosed R	esignation of Registered Agent for a Corporation and fee are submitted for fil
Please return al	l correspondence concerning this matter to the following:
	Wendy Hefley
	(Name of Person)
	Incorp Services, Inc.
	(Name of Firm/Company)
2360	Corporate Circle, Suite 400
	(Address)
	Henderson, NV 89074
	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
Wendy Heffe	y for Incorp Services, Inc. 702 866-2500 ext. 6601
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

H 150001612715

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	17.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, Inco	rp Services, Inc.			
, <u></u>	(Name of Registered Agent)			
hereby resigns as Registered Agent for	THE LOCKER ROOM, INC.			
	(Name of Corporation)			
P12000033720				
(Document Number, if known)	_			
A copy of this resignation was mailed to	the above listed corporation at its last known address.			
this statement is filed. InCorp	discontinued on the 31st day after the date on which Services, Inc.			
If signing on behalf of an entity: Wendy Het	natine of Resigning Agent)	SE CRESARY	2015 JUL -9	End and
	Typed or Printed Name)	m <u>e</u>) In	1
			بي	(
Authorized	Representative		50	
	(Capacity)	יגני		

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