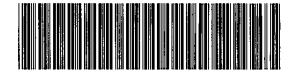
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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RA Resign

SEP 1 7 2014 T. CARTER

COVER LETTER

TO: Amendment Section **Division of Corporations** ANSWER GROUP, INC. SUBJECT: (Name of Corporation) P12000034976 **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: EDUARDO GONZALEZ (Name of Person) FLORIDA CORPORATE REGISTERED AGENTS, LLC. (Name of Firm/Company) 760 NW 107th. AVE., SUITE 208 (Address) MIAMI, FL 33172 (City/State and Zip Code) For further information concerning this matter, please call: **ED GONZALEZ** at (305) 485-3131 (Area Code & Daytime Telephone Number) (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 14 SEP -3 PM 3: 46 FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
	LORIDA CORPORATE REGISTERED AGENTS, LLC.
	(Name of Registered Agent)
hereby resigns as Registered Agent f	orANSWER GROUP INC.
	(Name of Corporation)
P12000034976	
(Document Number, if known)	
A copy of this resignation was maile	d to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
EDU	ARDO GONZALEZ
	(Typed or Printed Name)
ME	MBER-MANAGER
	(Capacity)

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