

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



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JUN 07 2013 R. WHITE

ECRETARY OF STATE

3 JUN -4 PM 2:

COVER LETTER

Division of Corporations		
SUBJECT: ROBERT FERU		
DOCUMENT NUMBER:F	(Name of Corporate P12000037124	ion)
The enclosed Resignation of Register	ered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to t	he following:
ROBIN MOLT		
(Name of Perso	on)	-
Corporaiton Service	•	
(Name of Firm/Cor	npany)	_
80 State Street		_
(Address)		
Albany NY 12207		
(City/State and Zip	Code)	-
For further information concerning t	his matter, please call:	
Robin Molt	_{at (} 518	433-7018 ext 60311 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Departmer ssolved, voluntarily diss	nt of State for \$87.50 for an active corporation solved or withdrawn corporation.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 Corporation Post Office Box 6327 Tallahassee, FL 32314	

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	509,
Florida Statutes, the undersigned, Corporation Service Company	
(Name of Registered Agent)	
hereby resigns as Registered Agent forROBERT FERUCCI PA	
(Name of Corporation)	
P12000037124	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	n address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed. Corporation Service Company	ı which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Robin Molt	WREAT TO THE RESERVE AND ADMINISTRATION OF THE RESERVE AND ADMINISTRATION
(Typed or Printed Name)	SECR
asst secretary	FILED WN -4 P
(Capacity)	
	2: 36 STATE LORIDA
Fee for filing this document:	Sp 8
\$87.50 - Active corporation	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

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(Area code de Daytime Telephone Munice)

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.

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Robin Molt
(Typed or Printed Name)
asst secretary
(Capacity)

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