

P12000054652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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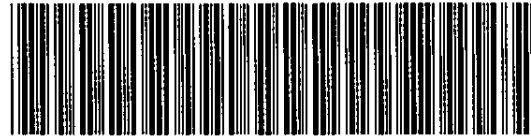
(Business Entity Name)

(Document Number)

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Resignation
Of RA

08/17/12--01013--011 **87.50

FILED
2012 AUG 17 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1002
8/20/12

COVER LETTER

TO: Amendment Section
Division of Corporations
WIZARD SERVICES USA, INC.

SUBJECT: _____
(Name of Corporation)
P12000054652

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:

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 at **(954) 941-9005**
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2012 AUG 17 PM 3:44

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509,
Florida Statutes, the undersigned, **WALLIS & WALLIS, P.A.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Registered Agent)
WIZARD SERVICES USA, INC.

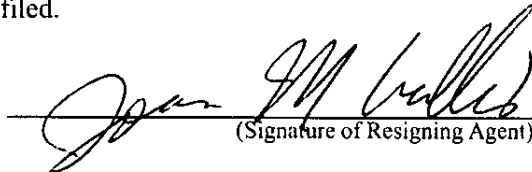
hereby resigns as Registered Agent for
(Name of Corporation)

P12000054652

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

JOAN WALLIS

(Typed or Printed Name)

VICE-PRESIDENT

(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**