## P/20009/299

| (Reques                        | tor's Name)     |        |
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09/30/13 DC

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                 |   |  |
|--|---|--|
| SUBJECT: GROUND AND POUND HOLDINGS, IN                         | IC.                                     |  |
| (Name of Corporation)  |   |  |
| DOCUMENT NUMBER: P12000091299                                  |   |  |
| The enclosed Resignation of Registered Agent for a Corpora     | ation and fee are submitted for filing. |  |
| Please return all correspondence concerning this matter to the | ne following:                           |  |
| ROBIN MOLT   |   |  |
| (Name of Person)   |   |  |
| Corporaiton Service Company                                    |   |  |
| (Name of Firm/Company)   |   |  |
| 80 State Street  |   |  |
| (Address)  |   |  |
| Albany NY 12207  |   |  |
| (City/State and Zip Code)                                      |   |  |
| For further information concerning this matter, please call:   |   |  |
| Robin Molt at 518  | 433-7018 ext 60311                      |  |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  |
|--|
| Florida Statutes, the undersigned, Corporation Service Company   |
| (Name of Registered Agent)   |
| hereby resigns as Registered Agent for GROUND AND POUND HOLDINGS, INC.   |
| (Name of Corporation)  |
| P12000091299   |
| (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.  Corporation Service Company   |
| (Signature of Resigning Agent)   |
| If signing on behalf of an entity:   |
| Robin Molt   |
| (Typed or Printed Name)  |
| To the second se |
| asst secretary   |
| (Capacity)   |
|  |
|  |
| Fee for filing this document   |

<u>Fee for filing this document:</u>

\$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