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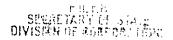
COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: IPM Institute, Inc.	
(Name of Corporati DOCUMENT NUMBER: P13000052288	ion)
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:
Barbara	
(Name of Person)	-
Brian Palmer CPA PA	
(Name of Firm/Company)	•
2937 Bee Ridge Rd., Ste 2	
(Address)	-
Sarasota, FL 34239	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
	922-4744
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 15 AUG -4 AM II: 54 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Brian Palmer
(Name of Registered Agent)
hereby resigns as Registered Agent for IPM Institute, Inc.
(Name of Corporation)
P13000052288
(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:
(Typed or Printed Name)
(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withdrawn corporation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