P13000078702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
14 JAN 13 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 21 2014
EXAMINER

POST & ROMERO
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
3195 PONCE DE LEON BOULEVARD
SUITE 400
CORAL GABLES, FLORIDA 33134
TEL: (305) 445-0014
FAX: (305) 445-6872

LAW OFFICE OF
CARLOS A. ROMERO, JR., P.A.

CARLOS A. ROMERO, JR.
ADMITTED: FLORIDA, ILLINOIS, PUERTO RICO
E-MAIL: car@postandromero.com

ROBERT G. POST, P.A.

ROBERT G. POST
ADMITTED: FLORIDA, NEW YORK
E-MAIL: rgp@postandromero.com

January 7, 2014

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: PRIZM GLOBAL TECHNOLOGIES, INC. – General Corporate

Dear Gentlemen:

I enclose a Resignation of Registered Agent form for PRIZM GLOBAL TECHNOLOGIES, INC.

I also enclose a check made payable to the Florida Department of State in the amount of $87.50 to cover the filing fee for the form.

If you have any question, please feel free to call me.

Sincerely yours,

POST & ROMERO

Carlos A. Romero, Jr.
For the Firm

CAR/cs

Encl. - one(1) Resignation of Registered Agent form
- one(1)WF(CAP) ck no. 5608

Cc: M.Weingarten (by email)

(Prizm/General Corporate/Resignations/LtrDivisionofCorporation010713

APPROVED
AND
FILED

14 JAN 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, LAW OFFICE OF CARLOS A. ROMERO JR., P.A.
(Name of Registered Agent)

hereby resigns as Registered Agent for PRIZM GLOBAL TECHNOLOGIES, INC.
(Name of Corporation)

P13000078702
(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)

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$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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