P14000017871

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200261380892

07/02/14--01029--014 **87.50

14 JUL -2 AM 8: 38

JUL 21 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VARIOUS PASSIONS INC.
(Name of Corporation)
DOCUMENT NUMBER: P14000017871
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:
ROBIN MOLT
(Name of Person)
CORPORATION 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 (Name of Person) at (518) 433-7018 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporate

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ns 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,	CORPORATION SERVICE COMPA	NY
hereby resigns as Registered Agent	VADIOLIS DASSIONS INI	
ncieby lesigns as Registered Agent	(Name of Corporation)	
P14000017871		
(Document Number, if known)		
A copy of this resignation was mail	ed to the above listed corporation at its last kn	nown address.
The agency is terminated and the of this statement is filed.	(Signature of Resigning Agent)	e on which
If signing on behalf of an entity:		
ROBIN MO		_
	(Typed or Printed Name)	
ASST SEC	RETARY	
	(Capacity)	FINANCE ELABRAGE
\$87.50 -	filing this document: Active Corporation Administratively dissolved/voluntarily dissolwithdrawn corporation	yed/

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