P14000041512

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		

Office Use Only



500326503065

03/26/19--01011--025 **67.50

19 MAR 26 PH 5: 47

APR 05 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ZEBSCAN, INC.

(Name of Corporation)

DOCUMENT NUMBER: P14000041512

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

_{at (}518 _ 433-7018

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 COMPAN	ΙΥ
(Name of Registered Agent)	
hereby resigns as Registered Agent for ZEBSCAN, INC. (Name of Corporation)	
(Name of Corporation)	
P14000041512	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signature of Resigning Agent)	19 [ALI
If signing on behalf of an entity:	HAR 26
ROBIN MOLT	
(Typed or Printed Name)	5: 47 03/04/04
)A
ASST. SECRETARY	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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