PUCULOSIA

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



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JUL 31 2017



Corporate Office 1701 Directors Blvd. Suite 300 Austin, TX 78744

(888) 705-7274 Phone (888) 706-7274 Fax www.rasi.com Web

July 21, 2017

Florida Secretary of State Amendment Section Corporations Division P.O. Box 6327 Tallahassee, FL 32314

RE: Entity Resignations

To Whom It May Concern:

Registered Agent Solutions, Inc. hereby resigns as registered agent for the attached entities. Written notice of resignation was given to the attached entities by delivering such notice to the entities at their last known addresses. Enclosed please find the following for filing with the Florida Secretary of State:

- One original and one copy of the Resignation of Registered Agent statement.
- \$35.00 filing fee for Inactive Company.

Please file immediately the enclosed, and return a file-stamped copy of each resignation to the undersigned. If you have any questions regarding this filing, feel free to contact the undersigned directly at (888)705-7274

Sincerely,

Mary Castillo Registration Specialist Registered Agent Solutions, Inc.

COVER LETTER

Division of Corporations			
SUBJECT: POAH SPRINGING ME	MBER, INC.		
	(Name of Corpo	oration)	
DOCUMENT NUMBER: P140000	065864		
The enclosed Resignation of Registere	d Agent for a Corp	poration and fee are submitted f	or filing.
Please return all correspondence conce	rning this matter to	to the following:	
Mary Castillo	,		
(Name of Person)			
Registered Agent Solutions, Inc.			
(Name of Firm/Comp	any)		
1701 Directors Blvd Ste. 300			
(Address)			
Austin, TX 78744			
(City/State and Zip Co	ode)		
For further information concerning this	s matter, please cal]]: 	
Mary Castillo	at (888	705-7274 Ode & Daytime Telephone Numbe	
(Name of Person)	(Area Co	ode & Daytime Telephone Numbe	<u>r)</u>
Enclosed is a check made payable to the or \$35.00 for an administratively disso	ne Florida Departm lved, voluntarily di	nent of State for \$87.50 for an a dissolved or withdrawn corporat	ctive corporation ion.
Amendment Section A Division of Corporations E Clifton Building F	Mailing Address: Amendment Section Division of Corpora Post Office Box 632 Callahassee, FL 323	ations 27	

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 61	7.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, Registered Age	ηt Solutions, Inc.
(Name of Registered Agent)
nereby resigns as Registered Agent for PAOH SPR	INGING MEMBER, INC.
	(Name of Corporation)
P14000065864	
(Document Number, if known)	
A copy of this resignation was mailed to the above lis	ted corporation at its last known address.
The agency is terminated and the office discontinued this statement is filed. (Signature of Resign	
If signing on behalf of an entity Justine Karnell (Typed or Printed)	
(Typed of Trimed	, and
Assistant Secretary	-
(Capacity	
withdrawn corpo	n dissolved/voluntarily dissolved/ ration
Make checks payable to Florida Depa Division of Corpo	orations
P.O. Box 63	27

Tallahassee, FL 32314