## P14000101145

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ad                                     | ldress)            |             |
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| (Cid                                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | ısiness Entity Nar | me)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificate:     | s of Status |
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## **COVER LETTER**

| TO: Amendment Section   |
|---|
| Division of Corporations  SUBJECT: MAP GAM & MISQUIDE CALLEM MC  (Name of Corporation)                      |
| DOCUMENT NUMBER: 14000101145  |
| 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:                                   |
| Rick Ferran (Name of Person)  Under Gams Misguided Wildren, M. (Name of Firm/Company)                       |
| 242 M. Wushington Blvd Ste 379 (Address)  |
| Earasota, Florida 34236<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| Rick Ferran at (94) 893-8844<br>(Name of Person) at (44) 893-8844<br>(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,  |
| hereby resigns as Registered Agent for WY SWS Micaulty (Name of Registered Agent) (Name of Corporation) (Name of Corporation)   |
| P14006 10 1145 (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.    Compared the discontinued on the 31st day after the date on which this statement is filed. |
| 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