P14000102129

(Requestor's Name)
(Address)
(Address)
(r. dd 1055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry (varie)
(Document Number)
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COVER LETTER

Division of Corporations
SUBJECT: PLOPUS PROVIDER INC. (Name of Corporation)
DOCUMENT NUMBER: P1400010Z129
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:
Name of Person)
PEOPLES PROVIDER, WC. (Name of Firm/Company)
P.O. Fox 303 (Address)
DEERFIELD BEACH, FL 33443 (City/State and Zip/Code)
For further information concerning this matter, please call:
TOUG EVANS at (954) 800 - 5036 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, DOUG EVANS (Name of Registered Agent)
hereby resigns as Registered Agent for PEOPLES PROVIDER INC. (Name of Corporation)
P14 000 10 2 129 (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)
(Capacity)

Fee for filing this document: \$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Tallahassee, FL 32314