# P15000033335

(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:  wrong form (2.50 due)			

Office Use Only



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07/20/15--01024--019 \*\*2.50

06/17/15--01021--007 \*\*65.00

FILED

15 JUL 15 PH 3: 28

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JUL 1 6 2015 D CUSHI**NG** 

#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Advance Vital Biometrics, Inc  (Name of Corporation)  DOCUMENT NUMBER: \$\begin{pmatrix} 150000033325 \]		
DOCUMENT NUMBER: \$15,000.0033325		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	ling.	
Please return all correspondence concerning this matter to the following:		
Jill Somers (Name of Person)		
Vital Biometrics, Inc (Name of Firm/Company)	15 JUL	
1353 St. Lawrence Drive (Address)	15 JUL 15 PH 3: 28	
Palm Brach bandens, FL 33410 (City/State and Zip Code)	3:28	•
For further information concerning this matter, please call:		
(Name of Person) at (321) 591-2490 (Area Code & Daytime Telephone Number)		
Employed is a shock made mayable to the Floride Department of State for \$97.50 for an activ		arati

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2015

JILL A SOMERS 1353 ST LAWRENCE DR PALM BEACH GARDENS, FL 33410-2139

SUBJECT: ADVANCE VITAL BIOMETRICS INC

Ref. Number: P15000003325

We have received your document for ADVANCE VITAL BIOMETRICS INC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a limited liability company, but your entity is a corporation. Please complete and return the enclosed blank form(s).

There is a balance due of \$2.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 815A00013435

IS JUL 15 PH 3: 13

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	507.0502(2), 617.0502(2), 607.1509, or 617.15	09,
Florida Statutes, the undersigned,	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Advance Vital Biometre (Name of Corporation)	ics, Inc
P15 0000 33 (Document Number, if known)	<u> </u>	
A copy of this resignation was mailed t	to the above listed corporation at its last known	address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on	which
If signing on behalf of an entity:	Signature of Resigning Agent)	15 JUL
	Jill A. Somers (Typed or Printed Name)	15 PM 3: 2
	Managina Directon	ār <b>99</b>

### 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

(Capacity)