## P1500009284

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FEB 2 7 2015 T. CARTER

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
CIID	WCMS CORP
	(Name of Corporation)  CUMENT NUMBER: P15000009284
	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
	se return all correspondence concerning this matter to the following:
	JOYCE M. FOLTZ
	(Name of Person)
	WCMS CORP
	(Name of Firm/Company)
	255 PRIMERA BLVD.
	(Address)
	LAKE MARY, FL 32746
	(City/State and Zip Code)
For	further information concerning this matter, please call:
	JOYCE M. FOLTZ at 407 818-0676
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	losed is a check made payable to the Florida Department of State for \$87.50 for an active corpora 35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED SECRETARY OF STATE TALLAMASSEF, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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rursuant to the provisions of sections 607.03	302(2), 617.0302(2), 607.1309, 6r 617.1309,
Florida Statutes, the undersigned,	VICTOR T. FOLTZ
,	(Name of Registered Agent)
hereby resigns as Registered Agent for	WCMS CORP
· · · · · · · ·	(Name of Corporation)
P15000009284	
(Document Number, if known)	
	e above listed corporation at its last known address.
(Signatu	ure of Resigning Agent)
(Signatu	ile of Resigning Agent)
If signing on behalf of an entity:	,
(Type	d 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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