

P 15620

Requestor's Name	
Address	
City/State/Zip	Phone #

600002941526--6
-07/26/99--01130--009
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
99 JUL 26 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Res
7-29-99
BHS

Examiner's Initials	
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Florida Department of State, Jim Smith, Secretary of State

99 JUL 26 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as
(name of registered agent)

Registered Agent for TRAFFIC CONTROL DEVICES, INCORPORATED d/b/a TRAFFIC CONTROL
(name of corporation) DEVICES OF ILLINOIS, INC.

ORGANIZED UNDER THE LAWS OF THE STATE OF ILLINOIS

A copy of this resignation was mailed to the above listed corporation at its last known address.

C/o Traffic Control Systems Specialists Inc.
123 S 10th Street STE 602
Mount vernon, IL. 62864 Attn: Robert Silkwood

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

John Alfieri
SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation