P16000084524

(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:





800297355628

04/27/17--01031--023 **87.50

SECRETARY OF STATE ON STATE OF CORPORATIONS

Ra Risignation

APR 2 8 2017

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: IC2M, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P16000084524	
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:	
NICHOLAS LOWRY	
(Name of Person)	
(Name of Firm/Company)	
4235 HILLSBORO PIKE, STE 300	<u> </u>
(Address)	17 SEC
NASHVILLE, TN 37215	APR 27
(City/State and Zip Code)	27 元表
For further information concerning this matter, please call:	P. A. C.
NICHOLAS LOWRY at (615) 507-0452	ORATA
(Name of Person) (Area Code & Daytime Telephone Number)	36

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, LAWRENCE G. WALTERS, ESQ.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for IC2M, INC. (Name of Corporation)	
(**************************************	
P16000084524	
(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)	2
(Typed or Printed Name)	・イスクン
P X 100	
(Capacity) : AT	STAT
of the second se	וניו

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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