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	Division of Corporations	
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From:		
	Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.	
	Account Number : I19980000057	2021
	Phone : (850)973-4186	
	Fax Number : (850)973-8564	
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## REGISTERED AGENT RESIGNATION CERTIFIED SERVICE CENTER, INC.

Certificate of Status	0
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	CERTIFIED SERVICE CENTER, INC.  ECT: (Name of Corporation)
DOÇI	UMENT NUMBER: P16000089044
	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
GREG	ORY O. VICKERS
	(Name of Person)
CERTI	ified service center, inc.
***************************************	(Name of Firm/Company)
208 NE	ROCKY FORD ROAD
	(Address)
MADI	SON, FLORIDA 12340
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
GRE	GORY O. VICKERS at (850) 253-5107 (Name of Person) (Area Code & Davigne 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section Division of Corporations

P.O. Box 6327

Tallahassco, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ribiton plantes, the o	ndersigned, ANN M. VICKERS (Name of Registered Age	ni)
	CERTIFIED SERVICE CENTER INC.	,
hereby resigns as Reg	stered Agent for (Name of Corporation)	
P16000089044	(xitatis or emporations)	
		•
(Document Numb	er, if known)	
A copy of this resigns	tion was mailed to the above listed corporation at its	last known address.
The agency is termina	ted and the office discontinued on the 31st day after	the date on which
this statement is filed.		
	Oh ll Sia	20 27 
ANN	M. VICKERS (Signature of Realigning Agent)	
If signing on behalf of	an entity:	1 2
-		SSO P
	(Typed or Printed Name)	AM 10: 58 SSEE, FL
		· 'E &
	·	
	(Capacity)	
	,	
		•
	Fee for filing this document:	
•	\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily	discolued/
	222.00 - Maining and Acid any 2014 can Animismily	012201 ACM

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(((H2

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