

P1600089044

Florida Department of State

Division of Corporations  
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**REGISTERED AGENT RESIGNATION  
CERTIFIED SERVICE CENTER, INC.**

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### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CERTIFIED SERVICE CENTER, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P16000089044

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY O. VICKERS

(Name of Person)

CERTIFIED SERVICE CENTER, INC.

(Name of Firm/Company)

208 NE ROCKY FORD ROAD

(Address)

MADISON, FLORIDA 32340

(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY O. VICKERS

(Name of Person)

at

(850) 253-5107

(Area Code & Daytime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
Tallahassee, 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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