PIGOOICSOO

| (F | Requestor's Name) | |
|---|-------------------------|--|
| (A | address) | |
| | address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (E | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| | | |
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| | | |

Office Use Only



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COVER LETTER

| SUBJECT: FROST MANAGEMENT CONSUL (Name of Corporation) | |
|---|--|
| DOCUMENT NUMBER: P16000100500 | <u>, </u> |
| The enclosed Resignation of Registered Agent for a Corporation and | fee are submitted for filing |
| Please return all correspondence concerning this matter to the follow | ing: |
| ROBIN MOLT | |
| (Name of Person) | |
| CORPORATION SERVICE COMPANY | |
| (Name of Firm/Company) | |
| 80 STATE STREET | |
| (Address) | |
| ALBANY NY 12207 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| ROBIN MOLT (Name of Person) at (518) 433- (Area Code & Dayting) | 7018 |
| (Name of Person) (Area Code & Daytin | ne Telephone Number) |

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

| | tions 607.0502(2), 617.0502(2), 607.1509, or 617. | |
|---|---|-------------|
| Florida Statutes, the undersigned | Υ | |
| Tiorida Statutes, the undersigned | | |
| hereby resigns as Registered Age | PORT OF THE PROST MANAGEMENT CONSULTING | NG, INC. |
| nereby resigns as registered Age | (Name of Corporation) | |
| P16000100500 | | |
| (Document Number, if known) |) | |
| A copy of this resignation was m | ailed to the above listed corporation at its last kno | wn address. |
| The agency is terminated and the this statement is filed. | office discontinued on the 31st day after the date | on which |
| R | ben Melt | 72.2 |
| | (Signature of Resigning Agent) | 显显而 |
| If signing on behalf of an entity: | | |
| ROBIN | | PH 2: |
| | (Typed or Printed Name) | 5 |
| ASST SE | ECRETARY | |
| | (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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