# P170000 86919

(Re	equestor's Name)			
(Ad	ldress)	_		
(Ad	ldress)			
(City/State/Zip/Phone #)				
	WAIT	MAIL.		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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### **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJ	ECT: Caring For Your Pain Brad	cing, Inc		
DOC	(Name of Corporati UMENT NUMBER: P17000086919	on)		
The er	nclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for fili	ng.	
Please	return all correspondence concerning this matter to the	ne following:		
Kel	ly Wolfe			
	(Name of Person)			
	(Name of Firm/Company)			
200	06 Beach Trail Apt B			
	(Address)			
Ind	ian Rocks Beach, FL 33785 (City/State and Zip Code)			
For fu	rther information concerning this matter, please call:			
Kel	ly Wolfe <sub>at 727</sub>	560-2353 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Fursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	19,	
Florida Statutes, the undersigned, Kelly Wolfe		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Caring For Your Pain Bracing, Inc		
(Name of Corporation)		
P17000086919		
(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 this statement is filed.	which	
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
(Typed or Printed Name)		
<b>-</b>	7019 J."	
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(Capacity)	-	٠
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Fee for filing this document:	2: 42	
\$87.50 - Active Corporation	$\sim$	
\$35.00 - Administratively dissolved/voluntarily dissolved/		

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

withdrawn corporation