## P180000 11274

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>: #</del> )
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: HAYMAKER BOXING INC.
(Name of Corporation)  DOCUMENT NUMBER: P18000011274
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:
Kathryn M. Beamer (Name of Person)
Kathryn M. Beamer, P.A.  (Name of Firm/Company)
11811 U.S. Highway One, Suite 102 (Address)
North Palm Beach, FL 33408 (City/State and Zip Code)
For further information concerning this matter, please call:
Kathryn M. Beamer at (561) 686-0803 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, Kathryn M. Beamer	
(Name of Registered Agent)	_
hereby resigns as Registered Agent for HAYMAKER BOXING INC.  (Name of Corporation)	
(Name of Corporation)	<del></del>
P18000011274	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address	ŝs.
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:	
Kathryn M. Beamer	
(Typed or Printed Name)	
	19
Registered Agent	19 APR
Capacity (	FILED R 22 PM C. 3
Fee for filing this document: \$87.50 - Active Corporation	.' ນ
\$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withdrawn corporation