Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT RESIGNATION MEMOTIX CORP C

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.15 <del>09</del> ; or 617.1509,
Florida Statutes, the undersigned,	REGISTERED AGENTS INC.
torida Statutes, the andersigned,	(Name of Registered Agent)
hereby resigns as Registered Agen	MEMOTIX CORP C
nereby resigns as Registered Agen	(Name of Corporation)
Olsoboot 195 (Document Number, if known)	18
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	See Have
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Bill Havre	··· ·
	(Typed or Printed Name)
Assistant Secretary	
<del></del>	(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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