## P20442

| (Requestor's Name)                      |                    |           |
|---|--------------------|-----------|
| (Address)                               |                    |           |
| (Ad                                     | ldress)            |           |
|   |                    |           |
| (Cit                                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | siness Entity Nar  | ne)       |
| (Do                                     | cument Number)     |           |
| Certified Copies                        | Certificates       | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    | İ         |
|   |                    |           |
|   |                    |           |
|   |                    |           |
| <u> </u>                                |                    |           |





000022170240

08/18/03--01051--001 \*\*140.00

03 AUG 18 PM 2: 55



## RESIGNATION OF REGISTERED AGENT

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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

CR2E046(9/98)