

P20893

Requestor's Name	
C T Corporation System 1633 Broadway New York, NY 10019 212 246 5070	
City/State/Zip	Phone #

500002350815--8
-11/18/97--01075--006
*****35.00 *****35.00
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

97 NOV 18 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

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97 NOV 18 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as

(name of registered agent)

Registered Agent for ENRICO PLATI ENTERPRISES, LTD., INCORPORATED

(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF Illinois

A copy of this resignation was mailed to the above listed corporation at its last known address.

C/O Sarah W. Sheehan

Ross & Hardies

150 N. Michigan Ave. Suite 2500

Chicago, IL 60601

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.



SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation