## P262-89

| . (Re                                   | equestor's Name)   |                 |
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| (Ad                                     | ldress)            |                 |
| (Ad                                     | ldress)            |                 |
| (Cit                                    | ty/State/Zip/Phone | <del>: #)</del> |
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## **COVER LETTER**

Division of Corporations Modernage Furniture, Inc. (Name of Corporation) P14000078368 DOCUMENT NUMBER: 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: Bonnie Yerry (Name of Person) THE PRENTICE-HALL CORPORATION SYSTEM INC. (Name of Firm/Company) **80 STATE STREET** (Address) ALBANY NY 12207 (City/State and Zip Code) For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section

Street Address:
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Bonnie Yerry

(Name of Person)

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, THE PRENTICE-HALL CORPORATION SYSTEM INC.  |             |
| (Name of Registered Agent)  |             |
| hereby resigns as Registered Agent for Modernage Furniture, Inc.  |             |
| (Name of Corporation)   |             |
| P26289  |             |
| (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 which this statement is filed. |             |
| (Signature of Resigning Agent)  | 2016        |
| If signing on behalf of an entity:  | 2016 HAR 2  |
| Poppio Vorne  | O :         |
| (Typed or Printed Name)   | PM 2        |
|   |             |
| Asst. Secretary   | <del></del> |

## 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

(Capacity)