

Office Use Only

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

CR2E031(7/97)

| 1 | <u></u> | | | | | | | | | |
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| (Corporation Name) | | | | (Document #) | | | | | | |
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| (Corporation Name) | | | | (Document #) | | | | | | |
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| | () | orporation Name) | | (Document #) | | | | | | |
| | Walk in | Pick up time | | | | ☐ Certified Copy | | | | |
| | Mail out | ☐ Will wait | | Photocopy | | Certificate of Status | | | | |
| <u>NEW</u> | FILINGS | lean | <u>AN</u> | MENDMENTS | | | | | | |
| Profit Not for Profit Limited Liability Domestication Other | | | | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger | | | | | | |
| OTHER FILINGS | | | RE | REGISTRATION/QUALIFICATION | | | | | | |
| Annual Report Fictitious Name | | | | Foreign Limited Partner Reinstatement Trademark Other | ship | PAROS OFFO 18 | | | | |
| יים בעם בער | 7/07) | | | | | Examiner's Initials | | | | |

RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 60 | 7.0502(2), 617.0502(2), | , 607.130 | 19, OF 017. | 1303, | | | |
|--|-----------------------------|------------|---------------|-----------------------|----------|--|--|
| lorida Statutes, the undersigned,C T CORPORATION SYSTEM (Name of registered agent) | | | | | | | |
| D. interest A count from | SHL MANAGEMENT, | | |) | | | |
| hereby resigns as Registered Agent for | (Name of corporation) | | | | | | |
| A copy of this resignation was mailed to | the above listed corpor | ation at | its last know | ⁄n address | . | | |
| The agency is terminated and the office this statement is filed. | discontinued on the 31s | st day aft | er the date o | n which | | | |
| the | age: | | | | | | |
| , (Si | gnature of/resigning agent) | | | _4 | | | |
| If signing on behalf of an entity: | U | | | of oct -2 SECRETAR | | | |
| СТ | CORPORATION SYSTEM | | | A - 2 | | | |
| (| Typed or Printed Name) | | | SEC P | | | |
| | • | | | FLS OF | | | |
| ASSIS | STANT SECRETARY | | | 温 | - 3 | | |
| | (Capacity) | | ÷ | ACT | | | |

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