P27448	
(Requestor's Name) (Address) (Address)	700321390927
(City/State/Zip/Phone #)	12/05/18∼-01001015 ++35.00
Certified Copies Certificates of Status	FILED 2010 DEC -5 PH 12: 14 SECKE bash FLATION MALLAHASH FLATION
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COVER LETTER

TO: Amendment Section **Division of Corporations**

SBG COMMUNICATIONS CORP. SUBJECT

(Name of Corporation)

P27448 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:

RESIGNATION DEPARTMENT

(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:

RESIGNATION DEPT at

(Name of Person)

518 4337018 (Area Code & Daytime Telephone Number) 518

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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. THE PRENTICE-HALL CORPORATION SYSTEM, INC. Florida Statutes, the undersigned,

(Name of Registered Agent)

(Name of Corporation)

P27448

(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)

If signing on behalf of an entity:

ROBIN MOLT

(Typed or Printed Name)

ASST SECRETARY

(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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