P27568

(Rec	questor's Name)	
(Ada	iress)	
(Add	lress)	
(City	//State/Zip/Phone	e#)
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(Doc	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

Al Heriga

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: M.D. Sass Investors Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P27568
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:
Kim Wilson
(Name of Person)
BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, N.Y. 10013
(City/State and Zip Code)
For further information concerning this matter, please call:
Kim Wilson at (800) 221-2972 ext. 550 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to th	e provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Elorida Statut	es, the undersigned. BlumbergExcelsior Corporate Services, Inc.
The Corps	es, the undersigned, Blumberg Excelsior Corporate Services, Inc. (Name of Registered Agent)
	as Registered Agent for M.D. Sass Investors Services, Inc.
norcoy rosign	(Name of Corporation)
P27568	
	ent Number, if known)
A copy of thi	resignation was mailed to the above listed corporation at its last known address.
The agency is this statemen	terminated and the office discontinued on the 31st day after the date on which is filed.
	(Signature of Resigning Agent)
If signing on	behalf of an entity:
	Marc D. Moel
	72 till -
	Asst. Secretary
	Mooi. Octicially

Fee for filing this document:

\$87.50 - Active corporation

(Capacity)

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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