To: Page 3 of 5
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.*

Email Address:

REGISTERED AGENT RESIGNATION HALIFAX TECHNICAL SERVICES, INC.

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TO:

Amendment Section

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COVER LETTER

Division of Corporations -
SUBJECT: HALIFAX TECHNICAL SERVICES, INC.
(Name of Corporation)
DOCUMENT NUMBER: P29943
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:
Helen Mac-Tran
(Name of Person)
C T CORPORATION SYSTEM
(Name of Firm/Company)
111 8th Avenue, 13th Floor
(Address)
New York, New York 10011
(City/State and Zip Code)
For further information concerning this matter, please call:
Helen Mac-Tran (Name of Person) at (212) 590-9118 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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,
Florida Statutes, the undersigned, CTCORPORATION SYSTEM
(Name of Registered Agent)
hereby resigns as Registered Agent for HALIFAX TECHNICAL SERVICES, INC.
(Name of Corporation)
P29943
(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:
CT CORPORATION SYSTEM-Helen Mac-Tran
(Typed or Printed Name)
ASSISTANT SECRETARY
Capacity)
**S87.50 - 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