## Requester's Name SAMUEL J. CANTOR, P.A. 6700 Broken Sound Parkway NW, Suite 200 Boca Raton, Florida 33487 Chyphage.

Office Use Only

**Examiner's Initials** 

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

(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #) 400033294.444 -07/20/0001044001 ******70.00 *****35.00
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS  Annual Report Fictitious Name	Amendment  Resignation of R.A., Officer/Director  Change of Resistered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark  Other

## RESIGNATION OF REGISTERED AGENT



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, David L. Parker (Name of registered agent)
hereby resigns as Registered Agent for
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:
(Typed or Printed Name)
(Capacity)

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