## Requirer's Name Address City/State/Zip Law Offices of Maynard J. Hellman

Law Offices of Maynard J. Hellman 8433 West Okeechobee Road Hialeah Gardens, FL 33016 500004998035---3 -06/12/01--01011--021 \*\*\*\*\*87.50 \*\*\*\*\*\*<sup>43.75</sup> %7.50

Examiner's Initials

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

CR2E031(7/97)

1	
(Corporation N	ame) (Document #)
2	
(Corporation N	ame) (Document #)
3. (Corporation Na	ame) (Document #)
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(Corporation Na	ume) (Document #)
☐ Walk in ☐ Pic	k up time Certified Copy
Mail out Wi	Il wait  Photocopy  Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	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, MAYNARD J. HELLMAN (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)  Ale Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
REGISTERED AGENT (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