## P371127

CtCorp			
(Requestor's Name)			
III Eighth ave			
NY, NY 10011			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



000207502950

05/11/11--01016--011 \*\*70.00

SECRETARY OF SMALL STORY OF CORPORATION OF CORPORATION OF STATE OF CORPORATION OF THE STATE OF T

RARCS 10 5/18/11

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.150	9,
Florida Statutes, the undersigned, CT CORPORATION SYSTEM (Name of Registered Agent)		
hereby resigns as Registered Agent for	(Name of Corporation)	,
	(Name of Corporation)	
P37627		
(Document Number, if known)	<del>_</del>	
A copy of this resignation was mailed t	o the above listed corporation at its last known a	address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on v	vhich
(Si	gnature of Resigning Agent)	
If signing on behalf of an entity:		0
C T CORPORAT	ΓΙΟΝ SYSTEM - THERESA ALFIERI	NESCORE I
(Typed or Printed Name)		
		二 2 2 2 2 2 2 2 3 2 3 3 4 3 4 3 3 4 3 3 3 3
AS	SISTANT SECRETARY	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	(Capacity)	3 3 3 3 3 S
		<u> </u>

## 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withdrawn corporation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