## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

## LAVY R. Levine, D.O., P.A.

Date

Will Pick Up

Signature

Requested

Walk-In 👱

Name

-10/07/97--01012--031 \*\*\*\*700.00 \*\*\*\*\*35.00

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	Cert. Copy		
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	Certificate of Fictitious Name		
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## FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502	(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statues, the undersigned, Capital Co	nnection, Inc. (Name of registered agent)
hereby resigns as Registered Agent for Law	(Name of corporation)
A copy of this resignation was mailed to the above	e listed corporation at its last known address.
The agency is terminated and the office discontin	ued on the 31st day after the date on which
this statement is filed.	
#Signature of res	97 OCT -7 PM SECRETARY OF TALLAHASSEE
If signing on behalf of an entity:	F STATE
Weimar Lopez	,
(Typed or Printed Name)	•

<u>Fee for filling this document:</u> \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Registered Agent Coordinator (Capacity)