P93000034016

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED

99 NOV 15 PM 12: 03

All Cellular, Inc	SOOO30405783 -11/15/9901052005 ******52.50 ******52.50 800030405783 -11/10/9901005009 ****175.00 *****35.00
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Media
Five-Filings	Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstates te
RAPES 11-15-99	Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name
X-00789, 00524, 006 Signature	Corp Record Search Officer Search Fictitious Search Fictitious Owner Search
Requested by:	Vehicle Search Driving Record UCC 1 or 3 File
Name Date Time	UCC 11 Search UCC 11 Retrieval
Walk-In Will Pick Up	Courier



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 10, 1999

Capital Connection, Inc. 417 E. Virginia St. Suite 1
Tallahassee, FL 32302

SUBJECT: ALL CELLULAR, INC. Ref. Number: P93000034016

99 NOV 15 PM I2: 03

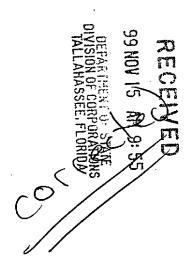
We have received your document for ALL CELLULAR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out the resignation of registered agent form which is attached and submit an additional \$52.50.

If you have any questions concerning the filing of your document, please call (850) 487-6907.

Annette Ramsey Corporate Specialist

Letter Number: 999A00054416



RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.	.0502(2), 617.0502(2), 607.1509, or 617.1509,	
	Maurice Shams	
Florida Statutes, the undersigned,	(Name of registered agent)	
hereby resigns as Registered Agent for	All Cellular, Inc. (Name of corporation)	
	the above listed corporation at its last known address.	
The agency is terminated and the office d	liscontinued on the 31st day after the date on which	
this statement is filed.		
	, //	
/////		
(Sign	nature of resigning agent)	
If signing on behalf of an entity:	market and the second of the s	_
	To British Bri	
		7
(Ту	yped or Printed Name)	
	DF. W	
	•	
	(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