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| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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2006 JAN 23 AM II: 55
TÄLLÄHÄSSEE, FLORIG.

R.A. Reselv.

C. Coulliene JAN 2 5 2006

COVER LETTER

| SUBJECT: C.R.S. of Fort Lauderdale, I | Name of Corporation) |
|---|--|
| DOCUMENT NUMBER: | |
| | |
| The enclosed Resignation of Registered Ag | ent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning | g this matter to the following: |
| Glen Barrett | |
| (Name of Person) | |
| C.R.S. of Fort Lauderdale, Inc. | |
| (Name of Firm/Company) | |
| 6720 S.W. 20th Street | |
| (Address) | |
| Fort Lauderdale, Florida 33317 | |
| (City/State and Zip Code) | |
| For further information concerning this mat | ter, please call: |
| Glen Barrett | at (<u>954</u>) 791-0331 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section | s 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | |
|---|--|-------------------------|
| Florida Statutes, the undersigned, | Barry I. Finkel | |
| , | (Name of Registered Agent) | |
| hereby resigns as Registered Agent f | C.R.S. of Fort Lauderdale, Inc. | |
| norvoy rouigho ao registerea rigent r | (Name of Corporation) | |
| (Document Number, if known) | | . |
| A copy of this resignation was maile | d to the above listed corporation at its last known address. | |
| The agency is terminated and the off this statement is filed. | ice discontinued on the 31st day after the date on which | |
| | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | (Typed or Printed Name) (Typed or Printed Name) | FILED 2006 JAN 23 AN II |
| _ | (Capacity) | ł C |

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