

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

P 9300008523  
 NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 Capital \_\_\_\_\_  
 of Inc. File \_\_\_\_\_  
 Corp. Res. Search \_\_\_\_\_  
 Ltd. Res. Search \_\_\_\_\_

NAME 1200  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

**Matter No.:** \_\_\_\_\_ **Express Mail No.** \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Printing Professionals &  
Publishers, Inc.

085231

Corporation

Partnership

Foreign Corporation

Other

Amendment

Dissolution/Withdrawal

U.S. Citizenship

Fictitious Name

Reservation of Name

Annual Report/Reinstatement

Reg. Agent ~~Change~~ Resignation

Document Filing

☐ Corporate Kit  
☐ Vehicle Search  
☐ Driving Record  
☐ Document Retrieval  


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☐ UCC 1 or 3 File  
☐ UCC 11 Search  
☐ UCC 11 Retrieval  
☐ \_\_\_\_\_ File No.'s, \_\_\_\_\_ Copies  
☐ Courier Service \_\_\_\_\_  
☐ Shipping/Handling  
☐ Phone (     )  
☐ Top Priority \_\_\_\_\_  
☐ Express Mail Prep. \_\_\_\_\_  
☐ FAX (     )

**pgs.**

**SUBTOTALS**

REQUEST TAKEN CONFIRMED APPROVED  
DATE 4/3/97  
TIME  
BY [Signature] CK No.

**WALK-IN**  
Will Pick Up \_\_\_\_\_

|                                |   |
|--------------------------------|---|
| FEE.....                       | 5 |
| DISBURSED.....                 | 5 |
| SURCHARGE.....                 | 5 |
| TAX on corporate supplies..... | 5 |
| SUBTOTAL.....                  | 5 |
| PREPAID.....                   | 5 |
| BALANCE DUE.....               | 5 |

RECEIVED  
APR - 8 P  
DIVISION OF CORRECTIONS  
DEPT. OF CORRECTIONS  
97  
Resign

**TERMS: NET 10 DAYS FROM INVOICE DATE**  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

**THANK YOU**  
from  
**Your Capital Connection**

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 Statutes, the undersigned, Capital Connection, Inc.

(Name of registered agent)

hereby resigns as Registered Agent for Printing Professionals & Publishers, Inc.

(Name of corporation)

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)

If signing on behalf of an entity:

Weimar Lopez

(Typed or Printed Name)

Registered Agent Coordinator

(Capacity)

TALLAHASSEE, FLORIDA

97 APR -3 PM 4:09

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314