Requester's Name 1221 West (Monique) Address Orlando, Fla. 328 City/State/Zip Phone #	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
CORPORATION NAME(S) & DOCU	Office Use Only MENT NUMBER(S) (if known)
1(Corporation Name)	
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #) 29 ST 7
(Corporation Name)	(Document #)
4	ELORIDE STATE
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607	7.0502(2), 617.0502(2), 607.1509	, or 617.1509,	÷ ÷
Florida Statutes, the undersigned,	J. BROCK MCCLANE		. audi -
	(Name of registered ager	nt)	
hereby resigns as Registered Agent for _	EWE DESIGN IT, INC	3.	
	(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 d this statement is filed.	liscontinued on the 31st day after	the date on which	
		1	
731 Mg		,	i
(Sign:	ature of resigning agent)	99 31	
If signing on behalf of an entity:		98	
		ASE PO	٠ ا ٠ ا
			7
(Туј	ped or Printed Name)		
		1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00)	-
	(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