## P9400060067

(Requ	estor's Name)
- Global N	_
-1842 BL	
- ORLANDO 1	4.32825
(Busine	ess Entity Name)
(Docum	nent Number)
Certified Coples	Certificates of Status
Special Instructions to Filir	g Officer:
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Office Use Only



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PARED ORGO/22

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1. 1

Pursuant to the provisions of sections 6	07.0502(2), 617.0	502(2), 607.150	9, or 617.150	)9,
Florida Statutes, the undersigned,JO	RGE G TORRE	S	1	
· · · · · · · · · · · · · · · · · · ·		ne of Registered Ag		
hereby resigns as Registered Agent for	GENESIS CHI	LD CARE DEV	ELOPMEN	T CENTER, TO C
	(N	ame of Corporation	1)	<del></del>
P94000060067	<u></u>	• •		
(Document Number, if known)			1	
A copy of this resignation was mailed to	the above listed	corporation at it	s last known	address.
The agency is terminated and the office this statement is filed.  (Signing on behalf of an entity:	gnature of Resigning		the date on	which  03 OCT 20 AM III
(*	Typed or Printed Nan	ne)		50
	(0			
	(Capacity)		İ	

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withdrawn corporation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