

90 M. Bradley Luczak  
 Governing, United Luczak  
 Requestor's Name  
 Address  
 Orlando, FL 32801  
 City/State/Zip Phone #

**P94000082566**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

**FILED**  
 99 APR 23 PM 1:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

300002849863--9  
 -04/23/99--01091--004  
 \*\*\*\*735.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten:*  
 P94000082566  
 4-23-99-RA/R2  
 26-8



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, Sobering, White & Luczak, P.A. f/k/a Sobering & Gray, P.A.  
(Name of registered agent)

hereby resigns as Registered Agent for Slices of Apopka, 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.

M.B. [Signature]  
(Signature of resigning agent)

If signing on behalf of an entity:

M. Bradley Luczak  
(Typed or Printed Name)

Vice President, Sobering, White & Luczak, P.A. f/k/a Sobering & Gray, P.A.  
(Capacity)

### Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

FILED  
9 APR 23 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA