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(City/State/Zip/Phone #)	1 0/22/02-01124-007-*** 8750 .88-		
(Business Entity Name)	10/22/0201124007 ***87.50		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	FILED DEORETARY OF STATUS		
	Pas of to ??		

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2	c), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, $\underline{\Lambda}$	NARIA JSALL	SANTA CRUZ	
	Life All		

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:

(Typed or Printed Name)

(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