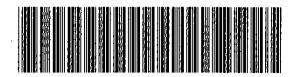
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•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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10:	Division of Corporations
SUBJ	ECT: CHEQUEMARK FINANCIAL SYSTEMS, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P95000012102
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Dea	n Scott Keil
 	(Name of Person)
CHE	EQUEMARK FINANCIAL SYSTEMS, INC.
	(Name of Firm/Company)
766	Pike Road
	(Address)
Roya	al Palm Beach, Florida, 33411
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Dear	(Name of Person) at (561) 722-4782 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amen Divisi Cliftor 2661 I	Mailing Address: dment Section on of Corporations n Building Executive Center Circle passee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

70. Popur

CR2E046(08/05)

FILED

RESIGNATION OF REGISTERED AGEOMOTES 20 PM 12: 34 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the prov	risions of sections 607.0502(2), 617.0502(2), 607.1509, o	r 617.1509,
Florida Statutes, the	undersigned, Dean Scot Keil	
•	(Name of Registered Agent)	
hereby resigns as Re	egistered Agent for CHEQUEMARK FINANCIAL SYS	STEMS, INC.
	(Name of Corporation)	
P95000012102		
(Document Nu	mber, if known)	
A copy of this resign	nation was mailed to the above listed corporation at its last	st known address.
The agency is terming this statement is file	nated and the office discontinued on the 31st day after the d.	date on which
	(Signature of Resigning Agent)	
	(Signature of Resigning Agent)	
If signing on behalf	of an entity:	
ł	Dean Scott Keil	
_	(Typed or Printed Name)	
1	Registered Agent	
	(Capacity)	

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