# P9500029581

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#### **COVER LETTER**

SUBJECT: Interactive Cor	nputer Soli	utions, Inc.
<del></del>	(Name of Corpora	tion)
DOCUMENT NUMBER: P950000	29581	
The enclosed Resignation of Registered	Agent for a Corpo	ration and fee are submitted for filli
Please return all correspondence concer	ning this matter to	the following:
Corinne P. McClure, Sen	ior Paralega	1
(Name of Person)		_
McGuireWoods LLP	٠,	
(Name of Firm/Compa	• •	<del></del>
50 North Laura Street,	Suite 3300	)
(Address)		<del>-</del>
Jacksonville, FL 322	02	
(City/State and Zip Co	de)	<del></del>
For further information concerning this	matter, please call:	
Corinne McClure	<sub>ar (</sub> 904	798-3294 le & Daytime Telephone Number)
(Name of Person)	(Area Cod	e & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## 

### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.

Florida Statutes, the undersigned. RAX Co.
(Name of Registered Agent)
hereby resigns as Registered Agent for Interactive Computer Solutions, Inc.
(Name of Corporation)
P95000029581
(Document Number, if known)
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 Recigning Agent)
If signing on behalf of an entity:
Lisa O. Taylor
(Typed or Printed Name)
President (Consider)
SECTION O
Fee for filing this document: \$87.50 - Active Corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Title D

LEVINE, STEPHANY 3751 ONE SAN JOSE PLACE #15 JACKSONVILLE, FL 32257

#### **Annual Reports**

Report Year	Filed Date
1999	03/25/1999
2000	09/18/2000
2001	05/15/2001

#### **Document Images**

05/28.2019 Reg_Agent Resignation	View image in PDF format
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## P95000029581

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#### **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	Geisco Funding Corp.  (Name of Corporation)
	JMENT NUMBER: P96000083859
The er	iclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Cori	inne P. McClure, Senior Paralegal (Name of Person)
Mc	GuireWoods LLP (Name of Firm/Company)
50	North Laura Street, Suite 3300
Jac	Cksonville, FL 32202 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Coi	rinne McClure at (904 798-3294 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, RAX Co.
(izanie ot registered vicini)
hereby resigns as Registered Agent for Geisco Funding Corp.  (Name of Corporation)
(Name of Corporation)
P96000083859
(Document Number, if known)
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:
Lisa O. Taylor
(Typed or Printed Name)
President (Capacity) FALLAMAY 28
(Capacity)
Fee for filing this document:  587.50 - Active Corporation  S35.00 - 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