

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

() _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Acquisition Title, Inc.

C. FEE. DISBURSED

0041853

_____ Art. of Amend. File
 _____ Dissolution/Withdrawal
 _____ C U S- _____
 _____ Fictitious Name File

Name Reservation 000002124930--5
 Annual Report/Reinstatement 03/26/97--01100--001
 Reg. Agent ~~Resign~~ ***595.00 *****35.00
 Document Filing

- ☐ Corporate Kit
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ Document Retrieval

_____ UCC 1 or 3 File
 _____ UCC 11 Search
 _____ UCC 11 Retrieval
 _____ File No.'s, _____ Copies
 _____ Courier Service _____
 _____ Shipping/Handling
 _____ Phone ()
 _____ Top Priority _____
 _____ Express Mail Prep. _____
 _____ FAX () pgs.

SUBTOTALS

FEE.....

DISBURSED.....

SURCHARGE.....

TAX on corporate supplies.....

SUBTOTAL.....

PREPAID.....

BALANCE DUE.....

TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	3/20		
TIME			CK No.
BY	AAP		

WALK-IN
Will Pick Up _____

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, Capital Connection, Inc.

(Name of registered agent)

hereby resigns as Registered Agent for Acquisition Title, 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.


(Signature of resigning agent)

If signing on behalf of an entity:

Weiner Lopez

(Typed or Printed Name)

Registered Agent Coordinator

(Capacity)

FILED
97 MAR 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314