

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : BURKE AND BLUE, P.A.
Account Number : 072100000111
Phone : (850) 769-1414
Fax Number : (850) 784-0857

REGISTERED AGENT RESIGNATION

PARAMUFAY, INC

Certificate of Status	1
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DIVISION OF CORPORATIONS

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARAMUFAY, INC.

(Name of Corporation)

DOCUMENT NUMBER: P95000054795

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROB BLUE, JR., ESQ.

(Name of Person)

BURKE, BLUE, HUTCHISON, WALTERS & SMITH,

(Name of Firm/Company)

221 MCKENZIE AVE

(Address)

PANAMA CITY, FL 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

JO FAUCHEUX

(Name of Person)

at (850) 769-1414

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

Rob Blue, Jr., Esq.
Fla Bar #012450
221 McKenzie Avenue
Panama City, FL 32401
Phone: 850-769-1414
Matter: P293-12132

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**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, ROB BLUE, JR.

(Name of Registered Agent)

hereby resigns as Registered Agent for PARAMUFAY, INC.

(Name of Corporation)

P95000054795

(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:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314FILED
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