

# P95000087120

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

800002854788--5

-04/28/99--01047--023

\*\*\*\*\*87.50 \*\*\*\*\*87.50

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. 2660 Ventures, Inc. P95-87120  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 4/28

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy *Stamped*

☐ Certificate of Status

FILED  
99 APR 28 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

*SP RA Res.*  
*4/28*

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DIVISION OF CORPORATION

99 APR 28 AM 11:00

Examiner's Initials

## 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, Paralegal + Attorney Service Bureau, Inc.  
(Name of registered agent)

hereby resigns as Registered Agent for 2460 Ventures, Inc. P95-87120  
(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]  
(Signature of resigning agent)

If signing on behalf of an entity:

Kathleen J. Hill  
(Typed or Printed Name)

President  
(Capacity)

FILED  
99 APR 28 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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**