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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: FURY FLYE	R, INC.
- <del></del>	(Name of Corporation)
DOCUMENT NUMBER: P9600	0007013
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	icerning this matter to the following:
PETER NORQUO	
(Name of Perso	on)
FURY FLYER, INC	).
(Name of Firm/Cor	npany)
1643 WARWICK AV	/E. PMB 249
(Address)	
WARWICK, RI 028	389
(City/State and Zip	
For further information concerning t	his matter, please call:
(Name of Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0502(2), 617.0502(2), 607.1509, c	or 617.1509.
Florida Statutes, the undersigned,	SCOTT SAUNDERS	
_	(Name of Registered Agent	)
haraby recians as Registered Agen	FURY FLYER, INC.	
nereby resigns as negistered Agen	(Name of Corporation)	
P96000007013		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its la	ast known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the	2017 FEB
If signing on behalf of an entity:	•	IS PM E
	(Typed or Printed Name)	28
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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