P96000012178

(Re	questor's Name)	
(Add	dress)	
- (ÅdA)	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
}		
		}

Office Use Only

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05 JUL 27 AM 9: 55
TATI AHASSEE, FLORIDA

CT CORPORATION

July 20, 2005

RE: ACTRADE CAPITAL, INC (DE DOM)

STERLING CREDENTIALS VERIFICATION SERVICES INC

(FL DOM)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is $\underline{1}$ check in the amount of $\underline{\$70.00}$ to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclosed a stamped self-address envelope.

Very truly yours,

CT CORPORATION SYSTEM

Theresa Alfieri (ks)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:ks enclosure



111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

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,	C T CORPORATION SYSTEM
	(Name of Registered Agent)
handa maila a Davida a 14	STERLING CREDENTIALS VERIFICATION
hereby resigns as Registered Agent for	OF SERVICES INC (FL DOM) (Name of Corporation)
P96000012178	
(Document Number, if known)	
A conv of this resignation was mailed	I to the above listed corporation at its last known address.
reopy of and resignation was maried	to the above fished corporation at its last known address.
The agency is terminated and the office	ce discontinued on the 31st day after the date on which
this statement is filed.	·
\sim /	20.01
\mathcal{U}	4200
	(Signature of/Resigning Agent)
If signing on behalf of an entity:	0,
	ب بن من
C T CORPORA	ATION SYSTEM - THERESA ALFIERI
	(Typed or Printed Name)
A	ASSISTANT SECRETARY
-	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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