Requester's Name

	Office Use Only		
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (i	f known):	
(Corporation Name)	(Document #)	ARY SSEE	
(Corporation Name)	(Document #)	PM 2: 29 OF STATE OF LORIDA	
(Corporation Name)	(Document #)		
4(Corporation Name)	(Document #)		
☐ Walk in ☐ Pick up time		Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of I Change of Regis Dissolution/Wit Merger	thdrawal	
OTHER FILINGS	REGISTRATION/	QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	Ship Ship	
		Examiner's Initials	

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections $60/.0502(2)$, $61/.0502(2)$, $60/.1509$, or 61	7.1509,	
Florida Statutes, the undersigned, LEONARD SILVES (Rame of registered agent)		
hereby resigns as Registered Agent for McGer Starv Inc. (Name of corporation)		·
A copy of this resignation was mailed to the above listed corporation at its last kno	wn addres	SS.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	
(Signature of resigning agent) If signing on behalf of an entity: (Typed or Printed Name)	SECRETARY OF SALLAHASSEE, FL	
(Capacity)	STATE CORIDA	·

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