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DiRocco, Dombrow & Akers, P.A. 3601 W. Commercial Blvd. Ste. 27 Ft. Lauderdale, Fl 33309

Office Use Only

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

(Corporation Name)	(Document #) 400031204445 -02/02/0001039006
2. (Corporation Name)	(Document #) *****87.50 ******87.50
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
□ Walk in □ Pick up time □ □ Mail out □ Will wait NEW FILINGS □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other	Photocopy Certified Copy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	' <mark>.150</mark> 9), ,		ne setti i t
Florida Statutes, the undersigned, Koymond M. Di Rocco (Name of registered agent)			-	· · · · ·
hereby resigns as Registered Agent for Total Sustains In (Name of corporation)	teri	isto	lanc	Inc
A copy of this resignation was mailed to the above listed corporation at its last know	vn add	dress.		
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on wh	ich		-
(Signature of resigning agent)			· ₄	nar ine >
If signing on behalf of an entity:	JEURE IA	, OO FEB.		
(Typed or Printed Name)	SFF FIND	-4 PH 2: 2		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

(Capacity)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314