

P96000066177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

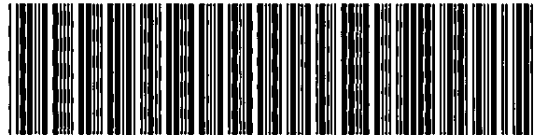
(Business Entity Name)

(Document Number)

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RECEIVED
07 OCT 30 AM 9:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
07 OCT 30 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign

C. Coulllette OCT 30 2007

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Conso/H-Link International
Services, Inc.*

Signature

Requested by:

Name

Date

Time

WI 10/20 9:00

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art of Amend. File _____
- ☒ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ☒ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____

**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, Wanda Pistella

(Name of Registered Agent)

hereby resigns as Registered Agent for

Consult-link International
(Name of Corporation) Services, Inc.

P 96000066177

(Document Number, if known)

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.

Wanda Pistella

(Signature of Resigning Agent)

If signing on behalf of an entity:

Wanda Pistella

(Typed or Printed Name)

as Pres. for Wanda Pistella, P.A.

(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

07 OCT 30 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED