City/State/Zip (239) 261-2902 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) -07/25/02--01047--022 (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Co Walk in ☐ Pick up time ☐ Mail out Photocopy Certificate of Will wait AMENDMENTS **NEW FILINGS** Profit ☐ Amendment Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials () R | 8 | 6 | 02

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Management of Management of Provisions as Registered Agent for Registered A

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