

*Stay #*  
*Ruffledge*  
**6000100161**

Requestor's Name  
 215 S. Monroe St Ste 420  
 Address  
 Tall, FL 32301  
 City/State/Zip Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *resignation*
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *of*
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *RA*

99 SEP -9 AM 8:21  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600002982886-4  
 -09/09/99--01075--006  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials *ADR*

**RESIGNATION OF REGISTERED AGENT**

99 SEP -9 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509  
Florida Statutes, the undersigned, Gary R. Rutledge  
hereby resigns as Registered Agent for Revolution Outdoor Advertising, Inc.

A copy of this resignation was mailed to the above listed corporation at its last know address.  
The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**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**