## Partio Curst 1412 West Fairfield Drive Pensacola, Florida 32505 City/State/Zip Phone #

Office Use Only

Examiner's Initials

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

1			
*	(Corporation Name)	(Document #)	
2	(Corporation Name)	4000033653441 (Document#)	
3	(Corporation Name)	(Document #)	
4	(Corporation Name)  Walk in Pick up time	(Document #)	-
	Mail out Will wait	Photocopy Certificate of Status	
	Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	
	THER FILINGS  Annual Report  Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	

## 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,  (Name of registered agent)  (Name of corporation)	•
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.	
(Signature of resigning agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

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
Tallabassee, FL 32314