Requester's Name Alires City/Plate/Zip Phese

Office Use Only

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

	Examiner's Initials
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
OTHER FILINGS	REGISTRATION/QUALIFICATION
(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Certified Copy. Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Directors Change of Registered Agent Dissolution/Withdrawal Merger
4	
3. (Corporation Name)	(Document #)
2. (Corporation Name)	-07/17/0001103018 -07/17/0001103018 (Document #) ****122.50 *****87.50
(Corporation Name)	(Document #) 5000033248555
1	

RESIGNATION OF REGISTERED AGENT

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