

Account Name : CUMMINGS & LOCKWOOD Account Number : 102336001100 Phone : (941)649-3186 Fax Number : (941)263-0703

## **REGISTERED AGENT RESIGNATION**

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## TWINEAGLES BROKERAGE, INC.

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## **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, <u>CLASP INC.</u> (Name of registered agent)

hereby resigns as Registered Agent for <u>TWINEAGLES BROKERAGE</u>, INC. (Name of corporation)

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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)	DITAL
If signing on behalf of an entity:	AHA
CLASP INC. (Typed or Printed Name)	SSEE FL
BY:	STATE LORIDA

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

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