## P91000000145

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800253539808

11/25/13--01020--013 \*\*35.00





RARES 1011-14-13

## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJE	PYRAMID MORTGAGE COMPANY	
	(Name of Corporation)	
DOCU	JMENT NUMBER: p97000066145	
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing	1•
Please	return all correspondence concerning this matter to the following:	
ROI	BIN MOLT	
	(Name of Person)	
Cor	poraiton Service Company	
	(Name of Firm/Company)	
80 8	State Street	
	(Address)	
Alba	any NY 12207	
	(City/State and Zip Code)	
For fur	rther information concerning this matter, please call:	
Rob	Oin Molt (Name of Person)  at (518) 433-7018 ext 60311 (Area Code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclose or \$35.	sed is a check made payable to the Florida Department of State for \$87.50 for an active co .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	rpora

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Corporation Service Company	
	(Name of Registered Agent)
hereby resigns as Registered Agen	PYRAMID MORTGAGE COMPANY
nereby resigns as registered rigen	(Name of Corporation)
P97000066145	
(Document Number, if known)	
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
this statement is filed.	office discontinued on the 31st day after the date on which  In Service Company  (Signature of Resigning Agent)
If signing on behalf of an entity:	(Signature of Resigning Agent)
Robin Molt	S PARPORS
	(Typed or Printed Name)
asst secret	

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)