P97000090231

(R	Requestor's Name)	
(A	(ddress)	
(A	(ddress)	
(C	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nar	ne)
(D	Ocument Number)	
Certified Copies	Certificates	s of Status
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2005 NOV -4 AM 8: 33
SECREVARY OF STATE

C. Course NOV UT 2005

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Samax Financial Co. (Name of Corporation)
DOCU	MENT NUMBER: P97000090231
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Robe	ert M. Saunders
 -	(Name of Person)
	(Name of Firm/Company)
6128	Bryndale Ave
	(Address)
Oak I	Park, CA 91377
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Robe	rt M. Saunders at (818) 693-6000 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, Ro	bert M. Saunders		
(Name of Registered Agent)			
hereby resigns as Registered Agent for	Samax Financial Co.		
	(Name of Corporation)		
P97000090231			
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its last known address.		
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which		
Owbert M.	Aum de gnature of Resigning Agent)		
If signing on behalf of an entity:	Tall And State of Printed Name)	- n	
(Typed or Printed Name) SARY OF SIAT (Canacita)	FILED	
	(Capacity)		

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tallahassec, FL 32314