Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 900004693639 -11/26/01--0107 (Corporation Name) (Document #) (Document #) (Corporation Name) ☐ Walk in Certified Copy Pick up time ☐ Photocopy Certificate of Status Mail out ☐ Will wait <u>AMENDMENTS</u> **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication ☐ Merger Other **OTHER FILINGS** REGISTRATION/QUALIFICATION Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

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, Great Name of registered agent)
hereby resigns as Registered Agent for 6-0, Net 10c. (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) OI NOV 26 (Capacity)
(Capacity)

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