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Requester's Name - Crue Gostes, F. 3234 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 2. (Corporation Name) (Document #) 300005506383--5 -05/13/02--01069--002 *****70.00 *****35.00 3. (Corporation Name) (Document #) Pick up time _____ Certified Copy ☐ Walk in ☐ Photocopy ☐ Mail out ☐ Will wait Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> ☐ Profit Amendment Resignation of R.A., Officer/Director ■ Not for Profit Limited Liability Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

OZMAY 13 PM 3: 11

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, Maria E. Batista
(Name of registered agent)
hereby resigns as Registered Agent for PERFECT FIT SHOES, INC.
(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.
Na hit
(Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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