## P980000 40486

Barb Wayne 309 S. Garden Center Way St Augustine 7l 32084

CR2E031(7/97)

Office Use Only

Examiner's Initials

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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1. (Corporation Name)  2. (Corporation Name)	000003399830—-8 -09/2170001003005 ****122.50_ *****87.50 (Document#)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)  Walk in Pick up time	(Document #)  Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Satus 2
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/OUALIFICATION
☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of section	s 607.0502(2)	, 617.0502(2), 607.1509	9, or 617.1509,		
Florida Statutes, the undersigned, _	Dwight	Santiage (Name of registered age	ent)	<b>–</b> -	
hereby resigns as Registered Agent i	for	Creative Accents (Name of corporation) 1701 W. 31th P. Hialeah, FL 330	, Inc I.	<b>-</b> .	-
A copy of this resignation was maile	d to the above	listed corporation at its	s last known address	3.	
The agency is terminated and the off this statement is filed.	fice discontinu	ed on the 31st day after	the date on which		
If signing on behalf of an entity:	(Signature of res		OO SEP 22 AM IO: 28 SECRETARY OF STATE ALLAHASSEE, FLORIDA		
	(Capac	ity)			<b>27.</b> ·

## 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