

P98000040984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

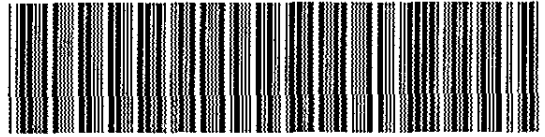
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600016947636

05/02/03--01089--003 **682.50

DATE
REGISTRATION
TALLAHASSEE, FLORIDA

03 MAY -2 PM 12:04

RECEIVED

DATE
REGISTRATION
TALLAHASSEE, FLORIDA

2003 MAY -2 PM 2:23

FILED

C. Coulliette MAY 02 2003

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

In-House Counsel, P.A.

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: _____

Name

Date

Time

Walk-In _____

Will Pick Up _____

W.F. 5/2 11:00

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, Capital Connection, Inc.
(Name of registered agent)

hereby resigns as Registered Agent for In-House Counsel, P.A.
(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.

[Handwritten Signature]
(Signature of resigning agent)

FILED
2009 MAY -2 PM 2:23
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

Weimar Lopez
(Typed or Printed Name)

Registered Agent Coordinator
(Capacity)

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation