Address City/State/Zip/ Address Phone #	80000466 List Whe.	59
	Office Use Only	
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):	
(Corporation Name)	(Document #)	
2		
(Corporation Name)	(Document #)	<u>.</u>
3		
(Corporation Name)	(Document #)	
4		
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified (Сору
☐ Mail out ☐ Will wait	Photocopy Certificate	of Status
NEW FILINGS	-02/	363 47095 06/0101021001 **35.00 *****35.00
Profit Not for Profit	Amendment Resignation of R.A., Officer/Direction	
Limited Liability	Change of Registered Agent	
Domestication Other	☐ Dissolution/Withdrawal ☐ Merger	TA'S
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OTHER FILINGS	REGISTRATION/QUALIFICATIO	ASSOCIATION OF THE PROPERTY OF
Annual Report Fictitious Name	Foreign Limited Partnership	SE 6
	Reinstatement Trademark	
	Other	27
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CR2E031(7/97)	Examiner's	initials // //

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,		
creby resigns as Registered Agent for 6 macce makinime, two. (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.		
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

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