## **EAMON TONER** 321 OREGON STREET HOLLYWOOD EL GOUIQ Phone # City/State/Zip Office Use Onl CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #)000003055950 2. \_\_\_\_\_(Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Photocopy Mail out Will wait AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials

FILED 99 NOV 29 PM 3: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 6	07.0502(2), 617.0502	2(2), 60	7.1509,	or 617.13	509,	
Florida Statutes, the undersigned,	EAMON				·	
	(Name of registered agent)					
hereby resigns as Registered Agent for	EXTREME (Name	TAN of corpo	DOPATION)	SWIM	WEAR	, INC.
A copy of this resignation was mailed to	the above listed cor	poration	n at its la	ıst known	address.	
The agency is terminated and the office this statement is filed.	discontinued on the	31st day	after th	e date on	which	
Barron	loner					
(Signing on behalf of an entity:	nature of resigning agent	<b>:)</b>				
——————————————————————————————————————	ped or Printed Name)	······································		<u>:</u>	. ·	20.5
	(Capacity)					2 * * * *

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