Please return verification of resignation to:

Phillip Baird C/o P. O. Box 457 Seffner, FL. 33583

Thank you.

400003674944--4 -02/12/01--01133--022 \*\*\*\*\*87.50 \*\*\*\*\*87.50

OI FEB 16 AM II: 09
AECRE MARY OF STATE
ALLAHASSEE, FLORIDA

6020000 J. M. May

## 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, Phillip B. Baird (Name of registered agent)                            | <u> </u>                       |
|---|--------------------------------|
| hereby resigns as Registered Agent for RPD Enterprises, Inc. (Name of corporation)                        |                                |
| A copy of this resignation was mailed to the above listed corporation at its last l                       | cnown address.                 |
| The agency is terminated and the office discontinued on the 31st day after the d this statement is filed. | ate on which                   |
| Construction of resigning agent)  |                                |
| If signing on behalf of an entity:  | FEB 16                         |
| (Typed or Printed Name)   | AMII: 09 YOF STATE EE, FLORIDA |
| <i>PPANA</i> 与至尺<br>(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