P98000102003

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dualifeas Litaty Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

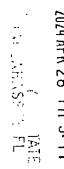


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COVER LETTER

Division of Corporations			
Creative Ad Images Inc			
SUBJECT.	(Name of Corpo	ration)	
DOCUMENT NUMBER: P9800010200	3		
The enclosed Resignation of Register	ed Agent for a Corp	oration and fee are su	bmitted for filing.
Please return all correspondence conc	erning this matter to	o the following:	
Charlene Pennino			
(Name of Person)		
Creative Ad Images Inc			
(Name of Firm/Comp	pany)	 -	
1167 Hillsboro Mile Apt 206			. 21
(Address)			024 /
Deerfield Beach, FL 33156			2024 APR 26
(City/State and Zip C	lode)		
For further information concerning th	is matter, please cal	1:	
Stanley Mandel	305 at (232-2931	H 3: 12
(Name of Person)		ode & Daytime Telepho	ne Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509), or 617.1509,
Florida Statutes, the undersigned, Stanley Mandel	
(Name of Registered Age	ent)
hereby resigns as Registered Agent for Creative Ad Images, Inc	
(Name of Corporation)
P98000102003	
(Document Number, if known)	
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 this statement is filed.	the date on which
Stanley Mandel (Signature of Resigning Agent)	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
	207
(Typed or Printed Name)	2024 APR 26
	7
(Capacity)	S PH 3:
	ب ب

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314