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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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☐ Mail out ☐ Will wait	Photocopy Certificate of status
NEW FILINGS □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

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, AHMAD MORADI (Name of registered agent)	<u>.</u> -
hereby resigns as Registered Agent for	
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.	
(Signature of resigning agent)	s=i
If signing on behalf of an entity:	
(Typed or Printed Name) (Typed or Printed Name) (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