

P99000001702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

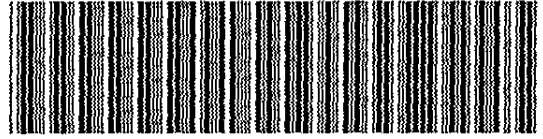
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700009644147

12/26/02--01018--018 **245.00

FILED
02 DEC 26 AM 11:17
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

PS 1/8/03
Res/lt/ta

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Party Nation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 0990000001702

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda DiIorio
(Name of Person)

Brenda DiIorio P.A.
(Name of Firm/Company)

3924 SW 139 Avenue
(Address)

10awto, FL 33330
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul J. Prager at (954) 415-0219
(Name of Person) (Area Code & Daytime Telephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

02 DEC 26 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Brenda DiIorio, P.A.
(Name of Registered Agent)

hereby resigns as Registered Agent for Party Nation, Inc.
(Name of Corporation)

099000001702
(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 the date on which
this statement is filed.

Brenda DiIorio
(Signature of Resigning Agent)

If signing on behalf of an entity:

Brenda DiIorio, P.A.
(Typed or Printed Name)

President
(Capacity)

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, FL 32314**