Requester's Name

Office Use Only

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

1	
(Corporation Name)	(Document #)
2. (Corporation Name)	<u>a kanala kanala maka kanala kanal</u>
(Corporation Name)	(Document #)
3(Corporation Name)	-10/25/0101073020 (Document #) ******87.50 *****87.50
4. (Corporation Name)	- January Mariner Company and the state of
Walk in Pick up time	(Document #) — Certified Copy
Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director: Change of Registered Agent
OTHER FILINGS Annual Report Fictitious Name	Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
'R2F031(7/07)	Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or	617.150)9,	
Florida Statutes, the undersigned, <u>LUCIA GOMES</u>			
(Name of registered agent)	· C		
hereby resigns as Registered Agent for(Name of corporation)	٥٥		
A copy of this resignation was mailed to the above listed corporation at its last k	nown a	ddres	ss.
The agency is terminated and the office discontinued on the 31st day after the day	ite on v	vhịch	
this statement is filed. Duua Jomes	RETARY OF	OCT 26 AM	
(Signature of resigning agent)	E SE	සි	O
If signing on behalf of an entity:	The second secon	9	
(Typed or Printed Name)			٠
(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