

P99000022758

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : JOHNNY TSIMOGIANNIS
Account Number : I19990000261
Phone : (305) 442-1028
Fax Number : (305) 442-2747

REGISTERED AGENT RESIGNATION

VOICE PLUS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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Kyl Resign.

- 10/21/03

De

Fax Audit: H030003003973

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VOICE PLUS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P99000022758

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:

JOHNNY TSIMOGIANNIS

(Name of Person)

JOHNNY TSIMOGIANNIS & COMPANY LLP

(Name of Firm/Company)

999 PONCE DE LEON BLVD SUITE 601

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHNNY TSIMOGIANNIS

(Name of Person)

at (305) 442-1028

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, DR. STEVE KRINGOLD

(Name of Registered Agent)

hereby resigns as Registered Agent for VOICE PLUS, INC.

(Name of Corporation)

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(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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

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