## P9900024046 - William 530 Kenkug Cir.

Chyrstaterzip Phone #

CR2E031(7/97)

000006235610--0 -07/08/02--01007--015 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Office Use Only

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

(Corporation Name)	(Document #)	<del> </del>
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(Corporation Name)	(Document #)	LED 12 AM 10: SSEE, FLOR
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☐ Walk in ☐ Pick up time	e	Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy ☐	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Of Change of Registered A Dissolution/Withdrawa Merger	fficer/Director Agent 1
OTHER FILINGS	REGISTRATION/QUALI	FICATION O
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	Agent  IFICATION  OF THE STATE
	Tir.	xaminer'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, JOHN S WILKERSON (Name of registered agent)
hereby resigns as Registered Agent for NEIGHBOR TO NEIGHBOR TNC (Name of corporation)
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.
If signing on behalf of an-entity:  (Signature of resigning agent)  (Signature of resigning agent)  (Signature of resigning agent)  (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