Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in ☐ Pick up time Certified Copy Mail out Will wait ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit mendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal U Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION

Limited Partnership Reinstatement Trademark Other

Examiner's Initials

T BROWN AUG 2 9 2001

Annual Report

Fictitious Name

Florida Department of State KATHERINE WHARRIS Secretary of State

RESIGNATION OF REGISTERED AGENT

·	Of Alle State of the State of t
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509	
Florida Statues, the undersigned, ART MASON (Name of registered agent)	4
hereby resigns as Registered Agent for	
A copy of this resignation was mailed to the above listed corporation at its last known add. The agency is terminated and the office discontinued on the 31st day after the date on whithis statement is filed. (Signature of resigning agent) If signing on behalf of an entity:	iress. ich
(Typed or Printed Name)	The second of the second
(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314