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| (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: | | | | |
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Office Use Only



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Capilla Supply

TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations |
|-------|--|
| SUB | JECT: Student Referral Services (Name of Corporation) |
| DOC | CUMENT NUMBER: |
| The o | enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Pleas | (Name of Pelson) |
| | (Name of Firm/Company) (319 S. Paweline #104 (Address) Pompano beach FL 33069 (City/State and Zip Code) |
| For f | iurther information concerning this matter, please call: Columber Columb |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections | s 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | |
|--|--|------------|
| Florida Statutes, the undersigned, | (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | Stident Paterals | Vices |
| (Document Number, if known) | <u></u> | |
| A copy of this resignation was mailed | d to the above listed corporation at its last known addr | ess. |
| this statement is filed. | ice discontinued on the 31st day after the date on which will be a second of Resignature of Resi | h O4 MAR |
| If signing on behalf of an entity: | Rudel Sight (Typed or Printed Name) Projected Agents President President | 10 PM 2:41 |

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withdrawn corporation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

(Capacity)