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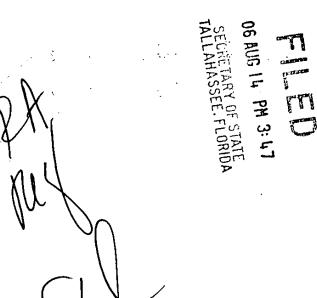
(Re	equestor's Name)	
(Ad	ldress)	·
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
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Certified Copies		
Special Instructions to	Filing Officer:	
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COVER LETTER

	ivision of Corporations
SUBJEC	T: Taylor Lane, Inc. (Name of Corporation)
	ENT NUMBER: P99 ØØØØ 541 77
The enclo	osed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
Trá	Name of Person)
	(Name of Firm/Company)
72	29 11 th Ave S (Address)
	•
<u>J</u>	City/State and Zip Code)
For furthe	er information concerning this matter, please call:
TRA	(Name of Person) at (904) 249-2998 (Area Code & Daytime Telephone Number)
Enclosed	is a check made payable to the Florida Department of State for \$87.50 for an active corporation

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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, TRACEE PETERS - GARLY (Name of Registered Agent)
hereby resigns as Registered Agent for TAYLOR LANE, INC. (Name of Corporation)
(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.
Stace Peters - Cauth (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withdrawn corporation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