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TO: Amendment Section Division of Corporations		
MABM CORPORATE SERVICES, INC	C.	
(N:	ame of Corpora	tion)
DOCUMENT NUMBER: P99000061194		
The enclosed Resignation of Registered Ager	nt for a Corpor	ration and fee are submitted for filing
Please return all correspondence concerning	this matter to t	the following:
Stephen Scruby		
(Name of Person)		_
Nelson Mullins		
(Name of Firm/Company)		_
50 N. Laura St., Suite 4100		
(Address)		-
Jacksonville, Florida 32202		
(City/State and Zip Code)		_
For further information concerning this matte	r, please call:	
Stephen Scruby	904 at (6653610
(Name of Person)	(Area Cod) e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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