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Requester's Name		
Address		
City/State/Zip Phone	# -	
CORPORATION NAME(S) & DOC	Office Use Only UMENT NUMBER(S), (if known):	·
1(Corporation Name)	(Document #)	
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3	(Document #)	
(Corporation Name)	(Document #)	- D
4(Corporation Name)	(Document #)	<u>n :</u>
□ Walk in □ Pick up time □ Mail out □ Will wait	Certified Cop Photocopy Certificate of	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS -03/05/05/05/05/05/05/05/05/05/05/05/05/05/	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	

Examiner's Initials

CR2E031(7/97)

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, Jonn Howes (Name of registered agent)
hereby resigns as Registered Agent for Martin 15 on Atlantic, Inc. (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) HAR THE ART THE AR
(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