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TO: Amendment Section Division of Corporations

	(Name of Corporation)
DOCUMENT NUMBER:	P99000096330
The enclosed Resignation of Reg	istered Agent for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Karen Loraine	
(Name of Pe	erson)
GrayRobinson, P.A.	
(Name of Firm/0	Company)
1795 W. Nasa Blvd.	
(Addres	SS)
Melbourne, FL 32901	
(City/State and 2	Zip Code)
For further information concerning	ng this matter, please call:
Michelle Deering	at (321) 727-8100
(Name of Person)	(Area Code & Daytime Telephone Number)

ation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations Mailing Address:
Amendment Section Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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