P9900096338

(Requestor's Name)
(Address)

(Address)
(City/State/Zip/Phone #)
(Onystate/2)prenone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500316123725

07/25/18--01005--001 **4305.00

18 JUL 25 AH 9: 39

18 JUL 25 PM 1:57

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WITT INTERVEN	TIONAL CORPORATION	
	(Name of Corporation)	
DOCUMENT NUMBER:	P99000096338	
The enclosed Resignation of Regis	tered Agent for a Corporation and fee are submitted for fil	ling.
Please return all correspondence co	oncerning this matter to the following:	-
Karen Loraine		
(Name of Per	son)	
GrayRobinson, P.A.		
(Name of Firm/Co	ompany)	
1795 W. Nasa Blvd.		
(Address)		
Melbourne, FL 32901		
(City/State and Zi	p Code)	
For further information concerning	this matter, please call:	
Michelle Deering	at (321) 727-8100	
(Name of Person)	at (321) 727-8100 (Area Code & Daytime Telephone Number)	a
Enclosed is a check made payable t or \$35.00 for an administratively di	o the Florida Department of State for \$87.50 for an active ssolved, voluntarily dissolved or withdrawn corporation.	4 7 7
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	ERY OF STATE CORPORATIONS

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, Patrick Healy
(Name of Registered Agent)
hereby resigns as Registered Agent for WITT INTERVENTIONAL CORPORATION (Name of Corporation)
P99000096338
(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.
(Signature of Resigning Agent)
(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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