Requester's Name // Duley Dr. Address City/State/Zip Phone #	2578		
		Office Use Only	
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if	-	
1	· · · · · · · · · · · · · · · · · · ·		, , at a
(Corporation Name)	(Document #)		
2. (Corporation Name)	(Document #)	5000003334 91.250115 V***192.50	85—-5 +061004 *****87.50
3. (Corporation Name)	(Document #)		
4. (Corporation Name)	(Document #)	6000035746 -01/25/0101 ****192.50	5365 .061004 *****35.00
☐ Walk in ☐ Pick up time	· · · · · · · · · · · · · · · · · · ·	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	☐ Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R Change of Regist Dissolution/With Merger REGISTRATION/O Foreign Limited Partners Reinstatement Trademark Other	DUALIFICATION 11.58	
CR2F031(7/97)		Examiner's Initials	1019

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned, JAMES McDovaco	<u> </u>
hereby resigns as Registered Agent for (Name of registered agent) (Name of corporation)	Eve_
A copy of this resignation was mailed to the above listed corporation at its last kn	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on which
(Signature of resigning agent)	e e
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	
Hee for filing this documents	O1 JAN SECRETA

\$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