539004

Requester's Name

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 | 500004530775 500004530775 -08/13/0101103019 | -3 |
|---|--|----------|
| (Corporation Name) | (Document #) ******35.00 ******35.0 | JU JU |
| (Corporation Name) | (Document #) | |
| (Corporation Name) | (Document #) | ** |
| 4. (Corporation Name) | (Document #) | |
| □ Walk in □ Pick up □ Mail out □ Will was | | |
| NEW FILINGS | AMENDMENTS 2 | |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger | · · |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| Annual Report Fictitious Name | Foreign Limited Partnership Reinstatement Trademark Other | |
| | | -7 |

Examiner's Initials

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, DEBORAH SCHIAVOVE (Name of registered agent) | | |
| hereby resigns as Registered Agent for <u>EXCEL FINANCIAL SERVICES, INC.</u> (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. | | |
| Dehuck Schemie | | |
| (Signature of resigning agent) | | |
| If signing on behalf of an entity: | | |
| DEBORAH SCHIAVONE | | |
| (Typed or Frinted Name) | | |
| | | |
| (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