Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Photocopy ☐ Mail out ☐ Will wait Certificate of Status **NEW FILINGS** AMENDMENTS ☐ Profit Amendment Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION ☐ Foreign Annual Report Limited Partnership ☐ Fictitious Name 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, OSWNDO O. WARTHER OF THE INTERPOLATION OF THE INTERPOLATIO
(Manie of registered agent)
hereby resigns as Registered Agent for Houve Ford, Tuc
(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.
((////www)
(Signature of resigning agent)
If signing on behalf of an entity:
It signing on behalf of an entity.
(Typed or Printed Name)
(Capacity)
(Supuris))

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

