## 590215

(Re	equestor's Name)	, , , , , , , , , , , , , , , , , , ,
(Ac	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	» #)
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## TRANSMITTAL LETTER

. <u>요~.광주</u>

TO: Amendment Section Division of Corporations		
SUBJECT: EXTENSI	0NSPLUSINC (Name of Corporation) $590215$	
	(Name of Corporation)	٠.,
DOCUMENT NUMBER:	590215	
	ered Agent for a Corporation and fee are submitted for filing.	
Please return all correspondence cor	ncerning this matter to the following:	
ROBERT ICA	YE	
(Name of Perso	on)	
Robern Kayer Burksse	- ** *	
6261 NW 6th		
Suite 103	WANT TO No. 10 Marting a strain of the contract of the contrac	
Suite 100 (Address) Ft. Lauderdale, F	<sup>-</sup> L 33309	
(City/State and Zip	Code)	
For further information concerning t	this matter, please call:	
MARILY N (Name of Person)	at (954) 928-0680 (Area Code & Daytime Telephone Number)	~
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

## 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, Robert KAYE + ASSOCIATES (Name of Registered Agent)	<u> </u>
hereby resigns as Registered Agent for EXTENSIONS PLUS, INC.  (Name of Corporation)	
590215	- *   * :=: · ·
(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)	<b>,</b>
If signing on behalf of an entity:	
ROBERT KAYE	
(Typed or Printed Name)	
PRESIDENT 5 3	
(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withdrawn corporation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