597890

		:			
Requ	Requestor's Name				
810 \$	Pritula Saturn St #16-222 er, Fl 33477				
City/State/Z	City/State/Zip Phone #		Office Use Only		
CORPORATION N	IAME(S) & DOCUME	NT NUMBER(S), (if known):		
1. (Corpo	ration Name)	(Document	#) 🔑	99	
2(Corpo	ration Name)	(Document	#) AHA		
3(Corpo	ration Name)	(Document	#)	28 MM	
4. (Corpo	ration Name)	(Document	~	OF STATE	
☐ Walk in ☐	Pick up time		Certified Copy	>	
☐ Mail out ☐		_	Certificate of Status	S	
NEW FILINGS	AMENDMENTS		900002	917329——2	
Profit	Amendment		-06/28/ *****	9 1 7329——2 ′99—01106—019 ⁄5.00 *****35.00	
NonProfit	Resignation of R.A., O	fficer/Director			
Limited Liability	Change of Registered	Agent			
Domestication	Dissolution/Withdraw	al			
Other	Метдет			-	
OTHER FILINGS	REGISTRATI QUALIFICAT	149 Ino	es }-\-99 #5		
Annual Report	REGISTRATI	ION W)_/,		
Fictitious Name	Foreign		#2		
Name Reservation	Limited Partnership				
	Reinstatement				
	Trademark				
	Other				
			Examiner's Initials		

CR2E031(1/95)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	9,	
Florida Statutes, the undersigned, JAMES 5 PRITULA (Name of registered agent)		
hereby resigns as Registered Agent for ENTENTAINMENT CORPORATE (Name of corporation)	<u>aRvuß,</u>	M
A copy of this resignation was mailed to the above listed corporation at its last known a	ddress.	
The agency is terminated and the office discontinued on the 31st day after the date on we this statement is filed.	hich	
(Signature of resigning agent)		
If signing on behalf of an entity:	99 JUN 28	
(Typed or Printed Name)	28 AM II: 34	
(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