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•	Requestor's Name	-	_	THAS CO. MY
	227 S. Calhoun Street			15 15 15 15 15 15 15 15 15 15 15 15 15 1
•	Address			ROS
	Tallahassee, FL 32301	425-5457		·
•	City/State/Zip	Phone #		Office Use Only

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

M. K. Diabetic Support Services, Inc.		V U 3 O U 9				
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FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

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, <u>ROBERT A. PIERCE</u> hereby_resigns as Registered
agent forM.K. DIABETIC SUPPORT SERVICES, INC
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.
ROBERT A. PIERCE
f signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved corporation