Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

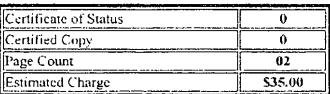
Fax Number

: (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			

REGISTERED AGENT RESIGNATION MY VINTAGE BABY, INC.



JUN 2 5 2018

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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, NRAI SERVICES, INC.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for MY VINTAGE BABY, INC	
(Name of Corporation)	
V58119	
(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)	iii
If signing on behalf of an entity:	TL原 N 22
NRAI SERVICES, INCKate Seidita	¥ 5
(Typed or Printed Name)	9 . - <u>E</u>
ASSISTANT SECRETARY	£
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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