164253

(Re	equestor's Name)	
	(J)	
(Ad	dress)	: - ·
(Ad	dress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status,
Special Instructions to	Filing Officer:	
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Office Use Only

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Embro Research Corporation (Name of Corporation)
DOCUMENT NUMBER: V64253
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leigh Meininger Trustee (Name of Person)
Leigh R Meininger PA (Name of Firm/Company)
421 E Central Blvd Ste 1201 (Address)
Orlando FL 32801 (City/State and Zip Code) For further information concerning this matter, please call: Stacy Leigh Meininger at (407) 246-1585 (Name of Person) (Area Code & Daytime Telephone Number) Stacy Lyles 407-398-6626
For further information concerning this matter, please call:
Stacy Leigh Meininger at (407) 246-1585 (Name of Person) Stacy Lyles 407-398-6626
(Name of Person) (Area Code & Daytime Telephone Number) Stacy Lyles 407-398-6626
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation of \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E046(11/02)

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, Stacy Lyles (Name of Registered Agent)	
hereby resigns as Registered Agent for <u>Embro Research Corporation</u> (Name of Corporation)	tion
V44253 (Document Number, if known)	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address	ess.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	1
Stacy July (Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	04 DE
Fee for filing this document:	OFDEC 15 PH 2: 1
\$87.50 - Active corporation	10 R
\$35.00 - Administratively dissolved/voluntarily dissolved/	37 =
withdrawn corporation	きだり

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314