COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:
SUBJECT:(Name of Alien Business Organization)
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
(Address)
(City/State and Zip Code) For further information concerning this matter, please call:
at (
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for: \$\text{S87.50 Filing fee}\$ \tag{\$140.00 (\$87.50 Filing Fee and \$52.50 for Certified Copy)}\$

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR AN ALIEN BUSINESS ORGANIZATION

Pursuant to the provisions of section 607.0502(2) Florida Statutes,
the undersigned,(Name of Registered Agent)
hereby resigns as Registered Agent for, (Name of Alien Business Organization)
(Document Number, if known)
A copy of this resignation was mailed to the above listed alien business organization 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)
If signing on behalf of an entity:
(Typed or Printed Name)
(Typed of Timed Name)
(Capacity)

Filing Fee: \$87.50 Certified Copy: \$52.50

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