## FODOOO5327

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	· .
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	





300286292333

06/07/16--01011--009 \*\*280.00

TQ 1755 JUN 10 2016

R. WHILE

\$ 35

MAN JUN-6 AMII:54

15 JUN - 6 AM 10:02



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT. FACILITY DESIGN GROUP INC.

(Name of Corporation)

DOCUMENT NUMBER: F00000005327

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:

**Brooke Daugherty-Hayes** 

(Name of Person)

National Corporate Research, Ltd.

(Name of Firm/Company)

850 New Burton Road, Suite 201

(Address)

Dover, DE 19904

(City/State and Zip Code)

For further information concerning this matter, please call:

Brooke Daugherty-Hayes at 866 621-3524

Name of Person) (Area Code & Daytime Te

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Mailing Address:** 

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## 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, National Corporate Research, Ltd.
(Name of Registered Agent)
hereby resigns as Registered Agent for FACILITY DESIGN GROUP INC.
hereby resigns as Registered Agent for (Name of Corporation)
F0000005327
(Document Number, if known)
(Bosaniem Manier, ir 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.  (Figurature of Resigning Agent)  If signing on behalf of an entity:
Florence Spelzhausen
(Typed or Printed Name)
Assistant Secretary
(Capacity)
Fee for filing this document:

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation