## F06000003859

| (Requestor's                            | Name)               |  |
|---|---------------------|--|
| (Address)                               |                     |  |
| (Address)                               |                     |  |
| (City/State/Zi                          | o/Phone #)          |  |
| PICK-UP W                               | AIT MAIL            |  |
| (Business En                            | tity Name)          |  |
| (Document Number)                       |                     |  |
| Certified Copies Cer                    | tificates of Status |  |
| Special Instructions to Filing Officer: |                     |  |
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SECRETARY OF STATE
SALLAMASSEE, FLORIDA
TALLAMASSEE, FLORIDA

RA Res.

CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

October 10, 2007

RE: NASCA AND COMPANY, INC. (OH.DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$87.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (lk)

Senior Supervisor & Assistant Secretary

TA/lk Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 6                         | 07.0502(2), 617.0502(2), 607.1509                    | 7, or 61 /.1509,         |
|--|--|--------------------------|
| Florida Statutes, the undersigned,                               | C T CORPORATION SY                                   | STEM                     |
|  | (Name of Registered Age                              | ent)                     |
|  | NASCA AND COMPANY, INC.                              | (OH.DOM.)                |
| hereby resigns as Registered Agent for                           | (Name of Corporation                                 | )                        |
| F06000003859   |  |                          |
| (Document Number, if known)                                      | <del>_</del>   |                          |
| A copy of this resignation was mailed t                          | o the above listed corporation at its                | s last known address.    |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after                 | the date on which        |
| (Si (Si )  | gnature of Resigning Agent)                          | or oct                   |
|  | TION SYSTEM - THERESA ALFIEI (Typed or Printed Name) | ASSEE, OF ASSEE, OF      |
| AS   | SISTANT SECRETARY                                    | 2: 32<br>STATE<br>LORIDA |

## 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

(Capacity)