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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: I - 95 PAWN, INC. (Name of Corporation)
DOCUMENT NUMBER: POZODO 10 9328
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:
Paul G. Schlichte (Name of Person)
(Name of Firm/Company)
2134 Hollywood Blud. (Address)
Hollywood, Ha. 33020 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul G Schlichte at (954) 923-4604 (Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## 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, PAU G. SCHLICHTE (Name of Registered Agent)			-
hereby resigns as Registered Agent for T- 95 Prws, Trc (Name of Corporation)			J
POZOOOIO 8328 (Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	own add	dress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on wh	ich	
The Residence A court	.AIL	05	
(Signature of Resigning Agent)  If signing on behalf of an entity:	RETARY OF	JUL - I AI	
(Typed or Printed Name)	F STATE FLORIDA	9:13	D
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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