## FD3000004253

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>.                                    </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DE ALL OF LATE DIVISION OF CORPORATION TALL ARASSEE, FLORIDA

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97 APR 25 PM 2: 34
SECRETARY OF STATE
TALL AHASSEE, FLORID

R.A. Resign.

G. Goulliste APR 2 5 2007

## **COVER LETTER**

Division of Corporations
SUBJECT: RICHARDSAPEX, INC.
(Name of Corporation)
DOCUMENT NUMBER: F03000004253
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:
MELISSA A. MURRY
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
1540 GLENWAY DR.
(Address)
TALLAHASSEE, FL 32301
(City/State and Zip Code)
For further information concerning this matter, please call:
MELISSA A. MURRY at (
(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of State for \$87.50 for an active corpora or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0302(2), 617.0302(2), 607.1309, or 617.1309,
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD.
(Name of Registered Agent)
hereby resigns as Registered Agent for RICHARDSAPEX, INC.
(Name of Corporation)
F03000004253
(Document Number, if 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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
ਜ <u>-</u>
MELISSA A. MURRY
(Typed or Printed Name)  APR 25 FILAR)
ASSISTANT SECRETARY  ASSISTANT SECRETARY  ASSISTANT SECRETARY
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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