N0800005509

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Aflesign Teuro

COVER LETTER

SUBJECT: The Florida Wi	nd Band, Inc. (Name of Corporat	ion)
DOCUMENT NUMBER:_	•	
		ation and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the	ne following:
Alisa Carmichael	(270) 535 - 4881	
(Name	of Person)	-
The Florida Wind Band, I	nc.	
(Name of I	Firm/Company)	-
5004 E Fowler Ave. C140)	
(A	ddress)	•
Tampa, FL 33617		
(City/State	and Zip Code)	-
For further information conc	erning this matter, please call:	
Michael Wickersheim (Name of Pers	at (928	600-7261 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Mic	hael E. Wickersheim	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	The Florida Wind Band, Inc.	
N08000005509	(Name of Corporation)	
(Document Number, if known)	TO THE STATE OF TH	
A copy of this resignation was mailed to	the above listed corporation at its last known address:	
this statement is filed.	discontinued on the 31st day after the date on which gnature of Resigning Agent)	
If signing on behalf of an entity:		
	Typed or Printed Name)	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)