

N98000004055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

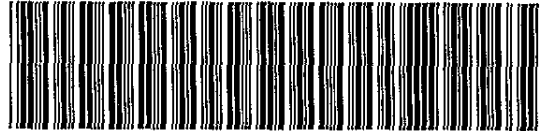
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200022072622

08/15/03--01019--007 \*\*35.00

REGISTRATION  
FILING OFFICE

03 AUG 15 AM 9:32

FILED

AA Resign  
T. Lewis 8/20/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DEUCE DEUCE FOR KIDS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N98000004055

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:

AUBIN W ROBINSON  
(Name of Person)

Chartered Law Firm of Aubin Wade Robinson  
(Name of Firm/Company)

P.O. Box 210425  
(Address)

Royal Palm Beach, FL 33411  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aubin Wade Robinson at ( 561 ) 333-8755  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED  
03 AUG 15 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

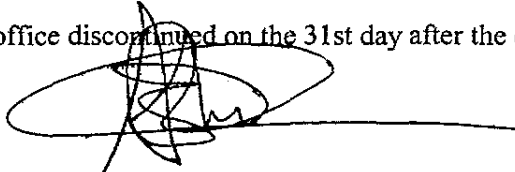
Florida Statutes, the undersigned, AUBIN W ROBINSON  
(Name of Registered Agent)

hereby resigns as Registered Agent for DEUCE DEUCE FOR KIDS, INC.  
(Name of Corporation)

N98000004055  
(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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