POOLOGOAASSI

(Rec	questor's Name)	
(Address)		
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer.		

Office Use Only



700274577647

07/06/15--01033--021 **157.50

285 JUL -6 PM 1:06

JUL 10 2015
I ALBRITTON

LAW OFFICES

PATTERSON & HARMON, P.A.

BLAKE M. HARMON GEORGE A. PATTERSON (Retired)

Box A-6, Suite 480 4701 North Federal Highway Pompano Beach, Florida 33064-6562

> Telephone (954) 785-5858 Fax (954) 785-5868

July 2, 2015

Via Federal Express

Department of State Division of Corporation 409 East Gaines Street Tallahassee, Florida 32399

> RE: The Merry Mailman, Inc. Our File No. 18,348

Ladies and Gentlemen:

Enclosed please find the following:

- 1. Officer/Director Resignation for a Corporation. (Filing Fee \$35.00)
- Resignation of Registered Agent for a Corporation. (Filing Fee \$87.50) 2.
- 3. Statement of Change of Registered Office or Registered Agent of Both for Corporations. (Filing Fee \$35.00).

Also enclosed is our check in the amount of \$157.50 payable to the Department of State representing your filing fees. If you need anything further, please do not hesitate to contact me.

Thank you for your consideration in this matter.

Very truly yours,

BMH/mwb

Enclosures

BLAKE M. HARMONIUS

Blake M. Harmon

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0	0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	CARLA FELINI
	(Name of Registered Agent)
hereby resigns as Registered Agent for	THE MERRY MAILMAN, INC. (Name of Corporation)
P00000099358	
(Document Number, if known)	
A copy of this resignation was mailed to th	e above listed corporation at its last known address.
The agency is terminated and the office dis this statement is filed.	continued on the 31st day after the date on which
Carl	a Felini
(Signat	ure of Resigning Agent)
If signing on behalf of an entity:	
<u> </u>	
(Typ	ed or Printed Name)
	(Capacity)
	(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withdrawn corporation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