

PD2000010939

Joseph E Melendi
(Requestor's Name)

142 Platt St
(Address)

(Address)

Tampa FL 33606
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

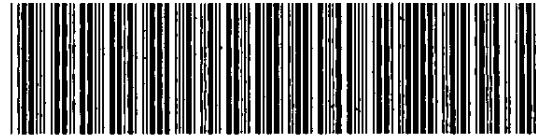
(Business Entity Name)

(Document Number)

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2008 JUN 24 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B.A. Resignation

TB

6/24/08

GIBBONS AND MELENDI

A PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELLORS AT LAW

SAM M. GIBBONS, of counsel
Retired U. S. Congressman

JOSEPH E. MELENDI

REPLY TO:
JOSEPH E. MELENDI

PARKSIDE OF ONE BAYSHORE
142 PLATT STREET
TAMPA, FLORIDA 33606
TELEPHONE (813) 258-6770
TELECOPY (813) 354-4469
E-Mail: josephmelendi@msn.com

June 23, 2008

VIA FEDERAL EXPRESS

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

re: **Gatewood Properties, Inc.**
Document Number: P02000010939

Dear Reader,

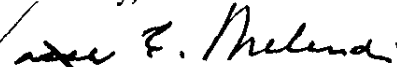
The following are submitted for filing:

1. Resignation of Deborah Gatewood as an officer/director of the corporation;
2. Resignation of Clifford R. Gatewood as an officer/director of the corporation;
3. Resignation of Michael J. Gatewood as an officer/director of the corporation;
4. Resignation of Clifford Gatewood as Registered Agent of the corporation; and
5. Statement of Change of Registered Office and Registered Agent of the corporation.

Enclosed is a check in the amount of \$230.00, made payable to the Department of State and representing the applicable filing fees.

For further information concerning this matter, please contact the undersigned at 813-258-6770.

Sincerely,



Joseph E. Melendi

JEM/cm
Enclosures
cc: Client

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2008 JUN 24 PM 12:28
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, Clifford Gatewood

(Name of Registered Agent)

hereby resigns as Registered Agent for Gatewood Properties, Inc.

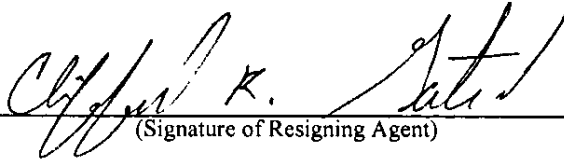
(Name of Corporation)

P02000010939

(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**