## P02000081344

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| Certified Copies          | Certificates        | of Status   |
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| Special Instructions to F | iling Officer:      |             |
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COMPANION

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT:  |
| DOCUMENT NUMBER: PO2000081344   |
| 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:   |
| Corcy L. Spana (Name of Person)   |
| Tofinty Cotting Tols (Name of Firm/Company)   |
| 2762 Sammer dale Dr. (Address)  |
| Clearwater FC 23761 (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Corey Spans at (\$13) 8)8-0956 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399            |

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.                           | 1509,          |             |    |
|--|----------------|-------------|----|
| Florida Statutes, the undersigned, (Name of Registered Agent)  |                |             | -  |
| hereby resigns as Registered Agent for   | ic i           |             | ور |
| Po200081344 (Document Number, if known)  |                |             |    |
| A copy of this resignation was mailed to the above listed corporation at its last kno                        | wn ad          | dress.      |    |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. | on wh          | ich         |    |
| Conf. Su   | 71.LV          | 03 4        |    |
| (Signature of Resigning Agent)  If signing on behalf of an entity:   | HASSEE,        | 03 MAR 28 P |    |
| Corey Span (Typed or Printed Name)   | F STATE        | PH 12: 07   | Ö  |
| President  | <del>-</del> · |             |    |
| (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