P0200099782

(Requestor's Name)	
(Address)	
(100/000)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Socialione (Garage))	
Certified Copies Certificates of Status	·
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Consideration to Fill of Office	\neg
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
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COVER LETTER

	(Name of Person) (Area Code & I	Daytime Telephone Number)
Marle	at ()	536-1427
For fur	ther information concerning this matter, please call:	
_	(City/State and Zip Code)	
Miam	ni, FL 33131	
	(Address)	
701 E	Brickell Avenue, Suite 2050	
	(Name of Firm/Company)	
Fried	bauer & Coniff, PA	
	(Name of Person)	
Roge	er Friedbauer	
'lease	return all correspondence concerning this matter to the fo	ollowing:
	closed Resignation of Registered Agent for a Corporation	
	JMENT NUMBER: P02000099782	
	(Name of Corporation)	
SUBJI	ECT: Elite Flower Services, Inc.	
	Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.13	509,		
Florida Statutes, the undersigned, Roger Friedbauer			
(Name of Registered Agent)			
hereby resigns as Registered Agent for Elite Flower Services, Inc.			
(Name of Corporation)			.,
P02000099782			
(Document Number, if known)		٠	
A copy of this resignation was mailed to the above listed corporation at its last know	/n add	ress.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n whi	ch	
(Signature of Resigning Agent)			
If signing on behalf of an entity:			
(Typed or Printed Name)	 ≢s	08	
(Typed of Finited Name)			
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(Capacity)	†† <u>(3</u>	⊋	
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Fee for filing this document:	> '	9	

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