P03000037285

•		
(Req	uestor's Name)	
(Addı	ress)	
(Addi	racc)	
(Addi	C33)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc)	ument Number	<u>, </u>
,5000	ament ramber,	,
Certified Copies	Certificate	s of Status
<u> </u>		1
Special Instructions to Fi	ling Officer:	
		·

Office Use Only



100131650131

06/27/08--01041--021 **192.50



R. A. Resign 6. Coullette JUL 0 1 2008

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PERFECT PAVERS OF CENTRAL FLORIDA, INC. (Name of Corporation)
DOCUMENT NUMBER: P03000037285
DOCUMENT NUMBER: 1 00000007200
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:
MARK S. MUCCI, ESQUIRE
(Name of Person)
BENSON, MUCCI & ASSOCIATES, LLP
(Name of Firm/Company)
5561 N. UNIVERSITY DRIVE, SUITE 102
(Address)
CORAL SPRINGS, FLORIDA 33067
(City/State and Zip Code)
For further information concerning this matter, please call:
MARK S. MUCCI at (954) 524-6800
MARK S. MUCCI at (954) 524-6800 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Florida Statutes, the undersigned, PATRICIA L. WHITE (Name of Registered Agent) hereby resigns as Registered Agent for PERFECT PAVERS OF CENTRAL FLORIDA, II (Name of Corporation) P03000037285 (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: PERFECT PAVERS OF CENTRAL FLORIDA, INC. (Typed or Printed Name) PRESIDENT (Capacity) Fee for filling this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
(Name of Registered Agent) hereby resigns as Registered Agent for PERFECT PAVERS OF CENTRAL FLORIDA, II (Name of Corporation) P03000037285 (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: PERFECT PAVERS OF CENTRAL FLORIDA, INC. (Typed or Printed Name) PRESIDENT (Capacity) Fee for filling this document: \$87.50 - Active corporation	Florida Statutes, the undersigned, PATRICIA L. WHITE
P03000037285 (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. 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	(Name of Registered Agent)
(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. Stucie Signature of Resigning Agent) If signing on behalf of an entity: PERFECT PAVERS OF CENTRAL FLORIDA, INC. (Typed or Printed Name) PRESIDENT (Capacity) Fee for filling this document: \$87.50 - Active corporation	hereby resigns as Registered Agent for PERFECT PAVERS OF CENTRAL FLORIDA, II (Name of Corporation)
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. State Sta	P03000037285
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Stuci Signature of Resigning Agent Signature of Resigning Agent	(Document Number, if known)
this statement is filed. If signing on behalf of an entity: PERFECT PAVERS OF CENTRAL FLORIDA, INC.	A copy of this resignation was mailed to the above listed corporation at its last known address.
PERFECT PAVERS OF CENTRAL FLORIDA, INC. (Typed or Printed Name) PRESIDENT (Capacity) Fee for filing this document: \$87.50 - Active corporation	
PERFECT PAVERS OF CENTRAL FLORIDA, INC. (Typed or Printed Name) PRESIDENT (Capacity) Fee for filing this document: \$87.50 - Active corporation	Stucie V. White (Signature of Resigning Agent)
PRESIDENT (Capacity) Fee for filing this document: \$87.50 - Active corporation	If signing on behalf of an entity:
PRESIDENT (Capacity) Fee for filing this document: \$87.50 - Active corporation	Fri O
(Capacity) Fee for filing this document: \$87.50 - Active corporation	(Typed or Printed Name)
Fee for filing this document: \$87.50 - Active corporation	PRESIDENT SSEY
Fee for filing this document: \$87.50 - Active corporation	
\$87.50 - Active corporation	ORIGINAL DE LA CONTRACTOR DE LA CONTRACT
	\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation