P.03000049917

(Requ	estor's Name)	
(Addre	ess)	
,	·	
(Addre		
(Addie	:55)	
(City/S	state/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
/Rusin	ess Entity Nam	10)
(Dasii)	iess Chury Man	10)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
•	•	• • •
Special Instructions to Fili	ing Officer:	
		1
		1
<u> </u>		

Office Use Only



100044033321

01/14/05 -01031--019 **87.50

DE JAN IL AM 9: 05
UECKETARY OF STATE

PO300001/11/06

TRANSMITTAL LETTER

SUBJECT: THE BIG ONE INC (Name of Corporation)	
DOCUMENT NUMBER: P 03000049917	
The enclosed Resignation of Registered Agent for a Corporation and fee are s	ubmitted for filing
Please return all correspondence concerning this matter to the following:	
DR.B NAKKED	
(Name of Person)	
THE BIG ONE INC	
(Name of Firm/Company)	
P.O. BOX 642	
(Address)	•
VENICE, FLORIDA 34284	
(City/State and Zip Code)	
For further information concerning this matter, please call:	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, 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,JAMES M GRANT
(Name of Registered Agent)
hereby resigns as Registered Agent for THE BIG ONE INC.
(Name of Corporation)
P 03000049917
(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.
1-10-2005
(Signature of Resigning Agent)
If signing on behalf of an entity:
ARE A T
SSS = T
(Typed or Printed Name)
OS CONTRACTOR CONTRACT
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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