| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| • |

Office Use Only



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06/13/08--01008--007 **87.50

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: McAdams Constructors Corp. (Name of Corporation) |
| DOCUMENT NUMBER: <u>P05000158359</u> |
| 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: |
| Stanley J. Galewski, Esq. |
| Galewski Law Group (Name of Firm/Company) |
| 201 E. Kennedy Blvd., #760 |
| Tampa + L 33 LOO2 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Stanley T. Falendi of 813 222 8210 |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

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

(Name of Person)

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 617.1509, | |
|---|-----------------|
| Florida Statutes, the undersigned, Stanley J. Galcusci (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | rp. |
| P05000158359 (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last known addresses | ess. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. | h |
| (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | |
| | , ; |
| (Typed or Printed Name) | SEG DIVISION |
| | SIGH OF CO |
| (Capacity) | 77 |
| For for filing this documents | PHI2: 1 |

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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