P12000031135

| (Requestor's Name) |
|---|
| (Address) |
| (1.4.4.4.5.5) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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C. LEWIS AUG 1 8 2014 EXAMMER

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Halstead Interiors & Art, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P12000031135

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:

Patrick Neale, Esq.

(Name of Person)

Patrick Neale & Associates

(Name of Firm/Company)

P. O. Box 9440

Naples, Florida 34101-9440

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick Neale

at (239)642-1485 (Area Code & Daytime Telephone Number)

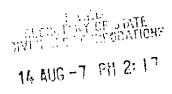
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, Patrick H. Neale |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Halstead Interiors & Art, Inc. |
| (Name of Corporation) |
| P12000031135 |
| (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: |
| (Typed or Printed Name) |
| (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