## P9100027209

(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:			
·			

Office Use Only



800134925508

08/27/08--01012--002 \*\*87.50

DOBAUG 27 PM 1: 46
SECRETARY OF STATE

R.A. Resignation
TR 9/3/04

## **COVER LETTER**

	(Name of Person) (Area Code & Daytime Telephone Number)
Robe	(Name of Person) at (352 ) 621-7256 (Area Code & Daytime Telephone Number)
For fu	rther information concerning this matter, please call:
	(City/State and Zip Code)
Hom	osassa, Florida 34446
	(Address)
6218	3 Lima Avenue
. —	(Name of Firm/Company)
Hart	Electrical Construction, Inc.
	(Name of Person)
Rob	erta L. Angarano
Please	return all correspondence concerning this matter to the following:
	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi
D/A/CI	UMENT NUMBER: P97000027209
UBJ	ECT: Hart Electrical Construction, Inc. (Name of Corporation)
	•
	Division of Corporations

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 61	7.1509,
Florida Statutes, the undersigned, Roberta L. Angarano (Name of Registered Agent)	
hereby resigns as Registered Agent for Hart Electrical Construction, Inc.  (Name of Corporation)	,
P97000027209	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kn	own address.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on which
Robut I Anjararo	_
(Signature of Resigning Agent)	-
If signing on behalf of an entity:	FIL 2008 AUG 2 TALLAHAS
(Typed or Printed Name)	PH 1:41
(Capacity)	<u>⇔</u>

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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