

P98000052477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

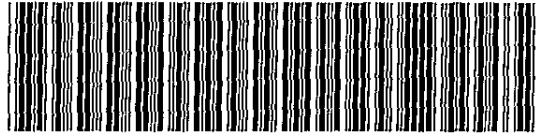
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800024944928

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

03 NOV 26 PM 3:34

FILED

11/26/03--01028--021 **87.50

P98000052477
30 RALES
11-26-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Equity Concepts, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000052477

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:

Vance A. Yarter
(Name of Person)

Equity Concepts, Inc
(Name of Firm/Company)

21708 Hardy Oak, #100
(Address)

San Antonio, TX 78258
(City/State and Zip Code)

For further information concerning this matter, please call:

Vance A. Yarter at (210) 492-1912
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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, Jeffrey L Spadafora
(Name of Registered Agent)

hereby resigns as Registered Agent for Equity Concepts, Inc.
(Name of Corporation)

P980000 52477
(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.

Jeff L Spadafora
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
NOV 26 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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