

S03157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

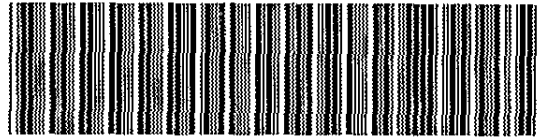
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400009644254

12/26/02--01018--018 **245.00

FILED
02 DEC 26 AM 11:35
DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

Ps 1/8/03
LA Nest/Leche

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chris Meyer Enterprises, INC.
(Name of Corporation)

DOCUMENT NUMBER: 503157

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:

Brenda DiIorio
(Name of Person)

(Name of Firm/Company)

3924 SW 139th Avenue
(Address)

DAVIE, FL 33330
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda DiIorio at (954) 473-2908
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

02 DEC 26 AM 11:36

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, ^{DEPARTMENT OF STATE} ^{TALLAHASSEE, FLORIDA}

Florida Statutes, the undersigned, Brenda DiIorio
(Name of Registered Agent)

hereby resigns as Registered Agent for Chris Haven Enterprises, Inc
(Name of Corporation)

S03157
(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.

Brenda DiIorio
(Signature of Resigning Agent)

If signing on behalf of an entity:

Brenda DiIorio
(Typed or Printed Name)

Individual
(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withdrawn corporation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