S85847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

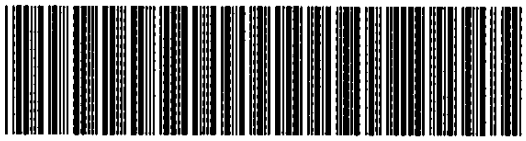
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900076924129

resignation of RA

FILED
06 JUL 14 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/17/06

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

RECEIVED
06 JUL 14 PM 2:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Account Number: FCA000000017

Reference: _____
(Sub Account)

Date: 7/14/06

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (ext. 5261)

Corporation Name: Whitewater Construction, Inc.

Entity Number: S85847

Authorization: Kim Pullen

_____ Certified Copy
_____ Certificate of Status
_____ New Filings
_____ Plain Stamped Copy
_____ Annual Report
_____ Fictitious Name
_____ Amendments
_____ Registration

(X) Call When Ready
(X) Call if Problem
( ) After 4:30
(X) Walk In
( ) Will Wait
(X) Pick Up

CF Internal Use Only
Client: 99998 Matter: 99991 – Firm
Name: Don Henke Office: TPA

TAL#501656.1

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED
06 JUL 14 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509 or 617.1509, Florida Statutes, the undersigned, Kimberly Pullen
(Name of Registered Agent)

hereby resigns as Registered Agent for Whitewater Construction, Inc.
(Name of Corporation)

S85847
(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.

Kimberly Pullen
(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$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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