P9400039118

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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resignation RA

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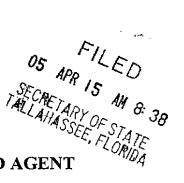
TRANSMITTAL LETTER

Division of Corporations
SUBJECT: BACKFLO TESTING COMPANY INC. (Name of Corporation) DOCUMENT NUMBER: P 94 000 391/8
DOCUMENT NUMBER: P 71000 39110
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:
SHIRLEY FOSSA (Name of Person)
BACKFLO TESTING COMPANY, INC. (Name of Firm/Company)
1901 BEARVIEW DOL (Address)
APOPKA, FL 32703 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 532-0400 (Area Code & Daytime Telephone Number)
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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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Geoff (Name of Registered Agent)
hereby resigns as Registered Agent for BACKFO TESTING COMPANY, TUC. (Name of Corporation)
(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. **Comparison 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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