P01000122367

•
(Requestor's Name)
(Address)
(Address)
(iddioss)
(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



600110591306

10/12/07-01015-31/305 50

OTOCT 12 AM 9:07
SECRETARY OF STATE
CALLAHASSEE, FINALE

COVER LETTER

SUBJECT: 70/ GAS CORPORATION
(Name of Corporation)

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:

C. MARIE BREVITT-SCHOOP ESO

(Name of Person)

C. MARIE BREVITT-SCHOOP P.A

(Name of Firm/Company)

2040/ NW 2 Que #220
(Address)

Minmy FZ 33/69

(City/State and Zip Code)

For further information concerning this matter, please call:

C. MARIE BREVITT-SCHOOP at (305) 653-6959
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

TO:

Amendment Section

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 617.	1509,		
Florida Statutes, the undersigned, C. MARIE BREVITT-SCHOOP (Name of Registered Agent)	£50	<u>\</u>	
hereby resigns as Registered Agent for 701 GAS CORPO RA7 (Name of Corporation)	10N	, ,	
Po 1000 12 2367 (Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last know	wn addr	ress.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent)	on which	h 07	
If signing on behalf of an entity:	RETARY OF	OCT 12 AM	FILE
(Typed or Printed Name)	STATE	9: 07	D

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)