

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

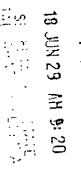
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R. WHITE JUL 0 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Southern Bay Builders, In	IC.
(Name of Corpora DOCUMENT NUMBER: P16000007636	tion)
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Michael J Spohn	
(Name of Person)	_
(Name of Firm/Company)	_
780 SE River Ct	
(Address)	-
Port St. Lucie, FI 34983	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Michael J. Spohn 315	534-6117

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Davtime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Name of Person)

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 617.150	9.
Florida Statutes, the undersigned, Michael J. Spohn	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Southern Bay Builders, In	C.
(Name of Corporation)	
P16000007636	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known a	address.
The agency is terminated and the office discontinued on the 31st day after the date on verthis statement is filed.	vhich
(Signiture of Resigning Agent) If signing on behalf of an entity:	
MICHAEL J. SPOHN (Typed or Printed Name)	18 JUN 2
See-Treas. (Capacity)	9 # 5

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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