

299102

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : FOLEY & LARDNER  
Account Number : 072720000061  
Phone : (904) 359-2000  
Fax Number : (904) 359-8700

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION  
DISTRIBUTORS OF FLORIDA, INC.**

Certificate of Status	0
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Page Count	03
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TALLAHASSEE, FLORIDA

PA Resign.

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISTRIBUTORS OF FLORIDA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 299102

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:

CHARLES V. HEDRICK  
(Name of Person)

F&L CORP  
(Name of Firm/Company)

ONE INDEPENDENT DRIVE STE 1300  
(Address)

JACKSONVILLE, FL 32202  
(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH JENKINS at ( 904 ) 633-8932  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:**  
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

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**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, F&L CORP

(Name of Registered Agent)

hereby resigns as Registered Agent for DISTRIBUTORS OF FLORIDA, INC.

(Name of Corporation)

299102

(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.

Charles V. Hedrick

(Signature of Resigning Agent)

If signing on behalf of an entity:

CHARLES V. HEDRICK

(Typed or Printed Name)

AUTHORIZED SIGNATORY

(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

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