

610606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

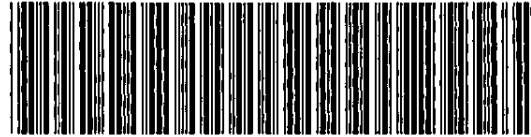
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200239127912

200239127912  
09/20/12--01026--001 \*\*227.50

SENATE CLERK  
TALLAHASSEE, FLORIDA

12 SEP 20 AM 11:13

FILED

RA Resign

SEP 21 2012

T. LEWIS

# **Salter • Feiber**

ATTORNEYS AT LAW

3940 NW 16<sup>th</sup> Boulevard, Bldg. B  
Gainesville, Florida 32605

P.O. Box 357399  
Gainesville, Florida 32635

T: 352.376.8201 F: 352.376.7996  
www.salterlaw.net

September 18, 2012

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Sam N. Holloway & Co, Inc.

To Whom It May Concern:

Enclosed with this correspondence, please find the following:

1. Resignation of Registered Agent for a Corporation and filing fee; and,
2. Officer/Director Resignation for a Corporation and filing fee.

If you have any questions regarding the enclosed, please call us.

Sincerely,



Angela L. Bowen  
Legal Assistant

:ab  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SAM N. HOLLOWAY & CO., INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 610606

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:

**Scott Snyder**

(Name of Person)

**Holloway Financial Services**

(Name of Firm/Company)

**500 NW 43rd Street, Suite 3**

(Address)

**Gainesville, FL 32607**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Patsy Stark**

(Name of Person)

at ( **352** ) **377-2078**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

12 SEP 20 AM 11:13

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, Samuel N. Holloway, Sr.

(Name of Registered Agent)

hereby resigns as Registered Agent for SAM N. HOLLOWAY & CO., INC.

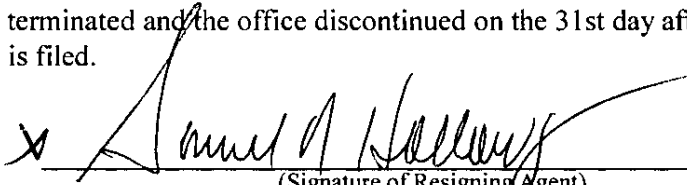
(Name of Corporation)

610606

(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.

X   
(Signature of Resigning Agent)

If signing on behalf of an entity:

N/A

(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**