761964

(Req	uestor's Name)		
bbA)	ress)	·	
(Add	ress)		
(City	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
·			
walkan		į	

Office Use Only



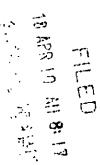
000311815300

000311815300 04/19/13--01005--010 **87.50

S TALLENT APR 1 1 2018

RM-Resign

18 TR 10 AH 10: 01



COVER LETTER

10:	Amendment Section Division of Corporations	
SUBJ	ECT: Florida Petroleum Marketers Sc	holarship Fund, Inc.
	(Name of Corporat	
DOC	UMENT NUMBER: 761964	
The er	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
Edv	ward M. Bowman, Jr.	
	(Name of Person)	-
Flori	da Petroleum Marketers Association, Inc.	
	(Name of Firm/Company)	-
P.C	D. Box 13543	
	(Address)	-
Tal	lahassee, FL 32317	
	(City/State and Zip Code)	-
For fu	rther information concerning this matter, please call:	
Ed	ward M. Bowman, Jr. at (850 (Area Code	877-5178 a & Daytime Telephone Number)
	(The over	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, R. Scott Shalley			
(Name of Registered Agent)			
hereby resigns as Registered Agent for Florida Petroleum Marketers Scholarship Fund, Inc.			
(Name of Corporation)	•		
761964			
(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.			
(Signfature of Resigning Agent)			
If signing on behalf of an entity:	era jije	曾新	
(Typed or Printed Name)		э <u>х</u> 10	T
(1) production (value)	٠٠٠ ماريخ ماريخ	7	mo
	(127) (127)	သူ	
(Capacity)	Alaska.	4	

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and reall to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL 32314