## 844897

·	
(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
· (Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status <u>;     ;                              </u>
Special Instructions to Filing Office	er:





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SECRETARY OF STATE FALLAHASSEE, FLORIDA

2009 JUL 27 AM JO: 0

R.A. Resign.

B JUL 29 2009

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SEVEN SKIES COMPANY INC (Name of Corporation)
DOCUMENT NUMBER: 844897
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:
Name of Person)
(Name of Firm/Company)
7210 RED ROAD STE 207-B (Address)
SOUTH MIAMI FL 33143 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 667-5495 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ZOOS JUL 27 AM 10: 06
TALLAHASSEE. FLORIDA
1509,

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,
hereby resigns as Registered Agent for SEVEN SKIES COMPANY, INC. (Name of Corporation)
844897
(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.  (Signature of Resigning Agent)
If signing on behalf of an entity:
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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