F02000001007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FABCO GP, Inc
(Name of Corporation)

DOCUMENT NUMBER: F02000001007

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:

Joan M Coleman
(Name of Person)

CAPITOL CORPORATE SERVICES, INC.
(Name of Firm/Company)

P.O. BOX 1831
(Address)

AUSTIN, TX 78767
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan M Coleman at (800) 345-4647
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E046(11/02)

CAPITOL
SERVICES, INC.
CAPITOL
CORPORATE
SERVICES, INC.

July 18, 2005

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: FABCO GP, Inc
Document #F02000001007

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check # 8891 in the amount of $35.00 for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Joan M. Coleman

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, CAPITOL CORPORATE SERVICES, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for FABCO GP, Inc
(Name of Corporation),

F02000001007
(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.

Cheryl Roberts
(Signature of Resigning Agent)

If signing on behalf of an entity:

CHERYL ROBERTS
(Typed or Printed Name)

PRESIDENT
(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