F0200003161

		•
(Re	equestor's Name)	
(Ac	ddress)	
. (Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE ALLAHASSEE, FLORID,

AND FILED

R.A. Resego

C. Goulliette MAY 1 8 2007

COVER LETTER

	Amendment Section Division of Corporations
SUBJ	ECT: PS CRAFTSMANSHIP CORPORATION
	(Name of Corporation)
DOCU	JMENT NUMBER: F02000003161
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
STE	PHAN POUSSE
	(Name of Person)
PSC	BATH CORPORATION
	(Name of Firm/Company)
1917	N.W. 82ND AVENUE
	(Address)
MIAN	лі, FL 33126
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
STEP	PHAN POUSSE at (305) 591-1330
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, o	r 617.1509,
Florida Statutes, the undersigned, Softhan Pousse (Name of Registered Agent)	
hereby resigns as Registered Agent for CELFSTANSHIP (Name of Corporation)	CORPORATION
Fo 2 so so 3161 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its la	st known address.
The agency is terminated and the office discontinued on the 31st day after the this statement is filed. (Signature of Resigning Agent)	e date on which
If signing on behalf of an entity:	OT MAY IL SECRETAR TALLAHASS
(Typed or Printed Name)	APPROVELL AND FILED / IL AM 8: TARY OF STA ASSEE, FLOOR
(Capacity)	TAIE ORIDA

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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