## F04000001518

(Requestor's Name)	
•	
(Address)	
(Address)	
· (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Submess Emily (Value)	
(Document Number)	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: HORIZON DIRECT, INC.
	(Name of Corporation)
DOCU	MENT NUMBER: F04000001518
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:
Mary	Jo Spalinger
	(Name of Person)
Busi	ness Filings Incorporated
	(Name of Firm/Company)
8040	Excelsior Drive #200
	(Address)
Madi	son, WI 53717
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
Mary	Jo Spalinger at ( 608 ) 827-5300 x254  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Ameno Divisio Cliftor 2661 E	Address: Iment Section on of Corporations Building Executive Center Circle assee, FL 32301  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, or 617.1509,
Florida Statutes, the undersigned, BUSINESS FILINGS INCORPORATED
(Name of Registered Agent)
nereby resigns as Registered Agent for HORIZON DIRECT, INC.
(Name of Corporation)
F0400001518
(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 is statement is filed.
(Name of Corporation)  F04000001518  (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.  (Signiture of Resigning Agent)
If signing on behalf of an entity:
Mary Jo Spalinger
(Typed or Printed Name)
Asst. Sec. for Business Filings Incorporated
(Capacity)
Fee for filing this document: \$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/

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

withdrawn corporation