## F0400005055

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



000261624040

07/07/14--01009--018 \*\*35.00

JUL 21 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
CRS COMMERCIAL ROOF SPECIALISTS SUBJECT: (Name of Corporate	
DOCUMENT NUMBER: F0400005055	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
WILLIAM J. FULLER, III, ESQ.	
(Name of Person)	_
FULLER LAW FIRM	
(Name of Firm/Company)	-
242 S. WASHINGTON BLVD.	
(Address)	_
SARASOTA, FLORIDA 34236	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
WILLIAM J. FULLER, III 941	955.6446
(Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Mailing Address:
Amendment Section
Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

TO

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

14 JUL -7 PM 3:54

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,DEBBIE MEYER
(Name of Registered Agent)
CRS COMMERCIAL ROOF SPECIALISTS, INC.
hereby resigns as Registered Agent for(Name of Corporation)
F0400005055
(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.  PLEASE NOTE: THE UNDERSIGNED NEVER AGREED TO BE REGISTERED AGENT FOR THIS CORPORATION.
(Signature of Resigning Agent)  If signing on behalf of an entity:
a organing on outside or with uniterly.
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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