Division of Corporations Electronic Filing Cover Sheet

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(((H090002479583)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

Phone

: (302)531-0855

Fax Number

: (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

2msil	Address:			

REGISTERED AGENT RESIGNATION LOUBAT EQUIPMENT COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

4 Roberts DEC 1/4/2009

TO: Amendment Section

(((H09000247958 3)))

## **COVER LETTER**

	(Name of Corporation)
DOCUMENT NUMBER: F04000006	6078
The enclosed Resignation of Registered A	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
EDIE WHITEBREAD	
(Name of Person)	
INCORPORATING SERVICES, LTD	).
(Name of Firm/Company	<del>y)</del>
3500 S. DUPONT HIGHWAY	
(Address)	
DOVER, DE 19901	
(City/State and Zip Code	<del>:)</del>
For further information concerning this m	natter, please call:
Edie Whitebread	at ( 302 ) 531-0855
(Name of Person)	(Area Code & Daytime Telephone Number)

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

(((HO9000247958 3)))

## 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, INCORPORATING SERVICES, LTD.  (Name of Registered Agent)	
hereby resigns as Registered Agent for LOUBAT EQUIPMENT COMPANY, INC.  (Name of Corporation)	
F0400006078	
(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.	) !
Wanda Y. Blankenship	
(Typed or Printed Name)	
Assistant Secretary	
(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withdrawn corporation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