

FD4000007029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

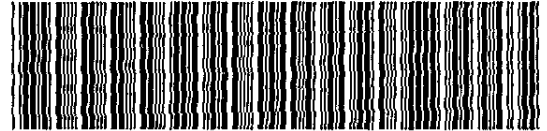
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500072646125

05/08/06--01029--015 **175.00

FILED

06 MAY - 8 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAAR
5-8-06

Wolters Kluwer business

CT
111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
212 590 9180 fax
www.ctlegalsolutions.com

April 26, 2006

RE: DEBLAN CORPORATION (DE.DOM.)
LEHMAN CAPITAL CORPORATION (NY.DOM.)
PADS SOFTWARE, INC. (DE.DOM.)
PARAGON CONSTRUCTORS INC, A/K/A PARAGON RESTORATIONS,
INC., (MN.DOM.)
TOTAL PROFESSIONAL RESTORATION (TX.DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in amount of \$175.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri(lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary

TA/lk
Enclosure

**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, C T CORPORATION SYSTEM
(Name of Registered Agent)
hereby resigns as Registered Agent for TOTAL PROFESSIONAL RESTORATION, INC.
(TX DOM) (Name of Corporation)
F04000007029
(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

FILED
06 MAY - 8 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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