Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

Fax Number

: (888)692-9256

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

Email Address:\_

## REGISTERED AGENT RESIGNATION JAMES H. LYNCH IRRIGATION SERVICES INC.

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Electronic Filing Menu

Corporate Filing Menu

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#516 P.002/003

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: JAMES H. LYNCH IRRIGATION SERVICES INC.
(Name of Corporation)
DOCUMENT NUMBER: F17000000511
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
TRACEE COTTON
(Name of Person)
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
(Name of Firm/Company)
16 COURT ST 14TH FLOOR
(Address)
BROOKLYN, NY 11241
(City/State and Zip Code)
For further information concerning this matter, please call:
TRACEE COTTON at (800 ) 221-2972 X1550
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	500 0500(0) (15 0500(0) (05 1500) (15 1500)
	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. (Name of Registered Agent)
hereby resigns as Registered Agen	for JAMES H. LYNCH IRRIGATION SERVICES INC. (Name of Corporation)
E4700000E44	(Name of Cosporation)
F17000000511	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date on which
Zuno	(Signature of Resigning Agent)
If signing on behalf of an entity:	
ZEINA HAS	SSOUN
	(Typed or Printed Name)
ASSISTAN	TSECRETARY
	(Capacity)
Fee for \$87.50 - \$35.00 -	filing this document:  Active Corporation  Administratively dissolved/voluntarily dissolved/ withdrawn corporation
	in the second se
Make checks pay	able to Florida Department of State and mail to: Division of Corporations P.O. Box 6327

Tallahassee, FL 32314