F-322D7

•						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
· 						
Special Instructions to Filing Officer:						
		1				
		ĺ				
		ľ				

Office Use Only



800020579278

06/26/03--01091--006 **70.00

03 JUN 26 PM 2: 43

RAPASSIGN OF MAD 7/1/08

TRANSMITTAL LETTER

	TO: Amendment Section Division of Corporations
	SUBJECT: 1929time Gal Mail Service, INC (Name of Corporation)
	DOCUMENT NUMBER: 532207
	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:
	Barbara A. Richardson (Name of Person)
	(Name of Firm/Company)
	1059 No. Camino Real (Address)
	(City/State and Zip Code)
	For further information concerning this matter, please call: Barbara A. R. Chardson CS60 417-3681
~	To Seph F. Keeley, P. A. at (561) 392-4300. (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

0

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,	Barbara Promote Name of	Registered Agent)	<u>on</u>
hereby resigns as Registered Agent for	or Ragtime (Name	of Corporation)	ervice, Inc.
F 32207 (Document Number, if known)	-	- 	79.6
A copy of this resignation was mailed	l to the above <u>listed corp</u>	ooration at its last know	/n address.
The agency is terminated and the official this statement is filed.	ce discontinued on the 3	1st day after the date o	n which
Darly	Signature of Resigning Ager	2 and and att)	03
If signing on behalf of an entity:	- 2: =		FILE JUN 26 PM
	(Typed or Printed Name)		TLORIDA
	(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withdrawn corporation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