F87117

(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



500043525925

01/05/05--01016--028 **97,56

05 JAN - 7 PM 1: 03

TRANSMITTAL LETTER

10:	Amendment Section Division of Corporations	
SUBJ	JECT: S&O PAINTING, INC	
DOO	E87117	(Name of Corporation)
DOCU	UMENT NUMBER: F87117	
The en	nclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concer	ning this matter to the following:
Amo	os Edelboim	
	(Name of Person)	
	(Name of Firm/Compar	ny)
4095	5 N 49 Ave	
	(Address)	
Holly	ywood FL 33021	
	(City/State and Zip Coo	le)
For fur	orther information concerning this	matter, please call:
Amos	s Edelboim	at (954) 985-7373 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the 5.00 for an administratively dissolv	Florida Department of State for \$87.50 for an active corporation yed, voluntarily dissolved or withdrawn corporation.
Ameno Divisio P.O. B	Idment Section Ar. on of Corporations Di Box 6327 40	reet Address: nendment Section vision of Corporations 9 E. Gaines Street Ilahassee, FL 32399

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,Amos Edelboim	
(Name of Registered Agent)	
hereby resigns as Registered Agent for S&O PAINTING INC	
(Name of Corporation)	
F87117	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	n,
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)	T
If signing on behalf of an entity:	
Amos Edelboim (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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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