

F 92546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

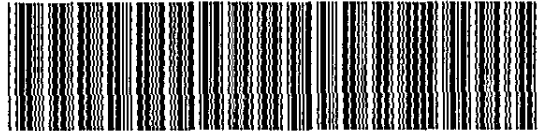
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THERMA SEAL ROOFS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F 92546

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:

BILL BISSETT  
(Name of Person)

BILL BISSETT P.A.  
(Name of Firm/Company)

13205 SW 137 AVE # 127  
(Address)

MIAMI FLA. 33186  
(City/State and Zip/Code)

For further information concerning this matter, please call:

BILL BISSETT at ( 305 ) 969-3990  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, DAVID WIKEC

(Name of Registered Agent)

hereby resigns as Registered Agent for THELMA SEAL ROOFS, INC.

(Name of Corporation)

F92546

(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]

(Signature of Resigning Agent)

If signing on behalf of an entity:

THELMA SEAL ROOFS, INC.

(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withdrawn corporation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

\* Principal Mailing Address is  
1333 53rd St.  
West Palm Bch, FL 33407

FILED  
04 MAR -8 AM 12:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE