F9500004714

| (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: | | |
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TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations |
|-----------------------------|---|
| SUBJ | ECT: HOSPITALITY RESTORATION AND BUILDERS, INC. (Name of Corporation) |
| DOC | UMENT NUMBER: F95000004714 |
| The er | aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| Vale | rie Molgard |
| • | (Name of Person) |
| Para | corp Incorporated |
| | (Name of Firm/Company) |
| 640 | Bercut Dr., # A |
| | (Address) |
| Sacr | amento, CA 95814 |
| | (City/State and Zip Code) |
| For fu | rther information concerning this matter, please call: |
| Valer | ie Molgard at (800) 533-7272, ext. 302 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclos or \$35 | sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |
| Ameno Division P.O. B | Address: Idment Section On of Corporations Ox 6327 Amendment Section Division of Corporations Ox 6327 August Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 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, Paracorp Incorporated (Name of Registered Agent) |
| hereby resigns as Registered Agent for HOSPITALITY RESTORATION AND BUILDERS. INC. (Name of Corporation) |
| F95000004714 |
| (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: |
| Denise Zollner (Typed or Printed Name) |
| (Typed or Printed Name) |
| Assistant Secretary |
| (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