

F97000002637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

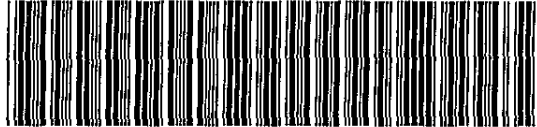
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05 JUL -7 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN JUL 12 2005

R.A. resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Global Mattress & Furniture Co.
(Name of Corporation)

DOCUMENT NUMBER: FIN # 25-1791832

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:

Anthony Garcia
(Name of Person)

Global Mattress & Furniture Co.
(Name of Firm/Company)

9858 Glades Rd #161
(Address)

Boca Raton FL 33434
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Garcia at (561) 477-4870
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
05 JUL -7 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ANTHONY GARCIA

(Name of Registered Agent)

hereby resigns as Registered Agent for

GLOBAL MATTRESS & FURNITURE COMPANY

(Name of Corporation)

F97000002637
FIN # 25-1791832

(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:

ANTHONY GARCIA
(Typed or Printed Name)

PRESIDENT
(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withdrawn corporation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