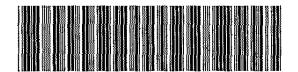
F98000006174

(Requestor's Name)					
(Address)					
, ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SECNLIARY OF STATE
ALLAHASSEE, FLORIDA

RA. Resign.

C. Coulliste

NIG 1 6 2000

COVER LETTER

TO: Amendment Section Division of Corpor						
SUBJECT: Sound Parts	, Inc.	•				
	•	lame of Corpor	ation)	.4		
DOCUMENT NUMBER	F980000061	74				
The enclosed Resignation	of Registered Age	ent for a Corpo	oration and	fee are submitt	ed for filir	ng.
Please return all correspon	dence concerning	this matter to	the follow	ing:	-	
Gerald Castor						
(Nar	ne of Person)		 , _{**} , ,	,- `		ر کانتها مردی اسا
(Name o	Firm/Company)		_	· · · · · <u>·</u>		
205 Montgomery Aven	ue, #1					
	Address)	<u> </u>		* **		
Sarasota, FL 34243						
(City/Sta	te and Zip Code)		- ,	· ·	*	19 'av ' 5
For further information cor	ncerning this mat	ter, please call	:			
(Name of Pe	rson)	at ((Area Co	de & Daytim	e Telephone Nu	mber)	e e
Enclosed is a check made or \$35.00 for an administra	payable to the Flo trively dissolved,	rida Departme voluntarily di	ent of State ssolved or v	for \$87.50 for a withdrawn corp	an active o oration.	orporation
Street Address	Mailin	a Addwara			•	

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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, Herb, F. Steven (Name of Registered Agent)
(tyanie of Registered Agent)
hereby resigns as Registered Agent for Sound Parts, Inc.
(Name of Corporation)
F98000006174
(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:
(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