F99000001480

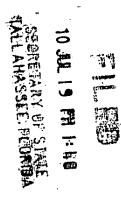
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| · |
| , |
| 20) |

Office Use Only



500182609895

07/19/10--01043--017 **175.00



RA-Resign

C.COULLIETTE

JUL 2 0 2010

EXAMINER



July 12, 2010

RE: MDH BUILDERS, INC. (AR. DOM.)

NATIONAL ACCIDENT INSURANCE

UNDERWRITES, INC. (DE. DOM.)

NOEL R. CHAPIN COMPANY, INC. (DE. DOM.)

W.H. SMITH OF FLORIDA, INC. (FL. DOM)

WILLIAMS BROS. LUMBER COMPANY. (GA. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>175.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| rursuant to the provisions of sections of | 07.0302(2), 617.0302(2), 607.1309, 61 617.1309, |
|--|---|
| Florida Statutes, the undersigned,hereby resigns as Registered Agent for | C T CORPORATION SYSTEM |
| | (Name of Registered Agent) |
| | NOEL R.CHAPIN COMPANY, INC. (DE. DOM.) |
| | (Name of Corporation) |
| F99000001480 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to | o the above listed corporation at its last known address. |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after the date on which |
| _ Zhia | W. L. |
| (Si | gnature of Resigning Agent) |
| If signing on behalf of an entity: | |
| | |
| C T CORPORAT | TION SYSTEM - THERESA ALFIERI |
| | (Typed or Printed Name) |
| AS | SISTANT SECRETARY |
| | (Capacity) |
| • | |
| Fee for filin | ig this document: |
| \$87.50 - Act | tive 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