# Q04372

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## COVER LETTER ;

	Amendment Section
	Division of Corporations
SUBJE	NICHOLS LUMBER & SUPPLY CO.
	(Name of Corporation)
DOCU	MENT NUMBER: G04372
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
J. Theod	lore Schatt
	(Name of Person)
Schatt, N	McGraw, Rauba & Mutarelli, PA
	(Name of Firm/Company)
328 NE	1st Ave, Suite 100
	(Address)
Ocala, F	TL 34470
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Ted Sch	att 352 789-5620 at ( )
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Fiorida 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersigned,	Schatt & Hesser, P.A.	
riorida statutes, the undersigned,	(Name of Registered Agent)	
hereby resigns as Registered Ager	Nichols Lumber & Supply Co.	
neredy resigns as Registered Ager	<del></del>	
G04372		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its last know	n address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date o	n which
	12/1	2
	(Signature of Resigning Agent)	020
If signing on behalf of an entity:		2020 JUI_ 21
J. Theodore Schatt		
	(Typed or Printed Name)	PH 4: 45
President		

#### 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)