## H00600

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nai	me)
(Document Number)		
Certified Copies	Certificate	s of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Sir Galloway Dry Cleane	rs, Inc.
(Name of Corpo	ration)
DOCUMENT NUMBER: H00600	
The enclosed Resignation of Registered Agent for a Corp	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Paul J. Schwiep	
(Name of Person)	<del></del>
Coffey Burlington, P.L.	
(Name of Firm/Company)	_
2601 S Bayshore Dr, PH1	
(Address)	<del></del>
Miami, FL 33133	
(City/State and Zip Code)	<del>_</del>
For further information concerning this matter, please cal	1:
Paul J. Schwiep at 305	858-2900  ode & Daytime Telephone Number)
(Name of Person) (Area Co	ode & Daytime Telephone Number)
	CO C

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED SECRETARY OF STATE DIVISION OF CORFORATION

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

16 FEB -8 AM 8: 06

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Paul J. Schwiep
(Name of Registered Agent)
hereby resigns as Registered Agent for Sir Galloway Dry Cleaners, Inc.
(Name of Corporation)
H00600
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known addre
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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