## 503942

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
. 1	siness Entity Nar	me)
; (Doc	cument Number)	
Certified Copies		
Special Instructions to F	Filing Officer:	





100102366011

05/25/07--01027--001 \*\*1820.00

O7 MAY 25 PH 2: 52 SEGRLIARY OF STATE TALLAHASSEE, FLORIDA

RA Res.

9

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Next, Inc. (Name of Corporation)
DOCL	UMENT NUMBER: J03942
The en	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Willia	am A. Weber
	(Name of Person)
Hugh	nes Hubbard & Reed, LLP
	(Name of Firm/Company)
201 8	S. Biscayne Blvd., Suite 2500
-	(Address)
Miam	ni, Florida 33131
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
Willia	(Name of Person) at (305 ) 358-1666 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, Reliable Agents, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Next, Inc.
(Name of Corporation)
J03942
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Herschel E. Sparks, Jr.
(Typed or Printed Name)
Vice President SEE
Vice President SET 25
(Capacity)
LOR STA

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

