## 769742

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	- #\
(0	g, outorzipi, non	,
PICK-UP	☐ WAIT	MAIL
Ви	siness Entity Nan	ne)
<b>\_</b>		,
	7 Nr	
(DC)	cument Number)	
		•
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
opeoidi modudiono to	rung Chicer,	

Office Use Only



800023396068

10/06/03--01050--005 \*\*87.50

FILED

3 OCT 10 AM 8:49

5 10 Months

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: C. H. ANTHONY ASSOCIATES, INC.
(Name of Corporation)
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William H. Sned, Jr., Esquire (Name of Person)
Sned, Pruitt & Tucker (Name of Firm/Company)
3030 S. Dixie Highway, Suite 5 (Address)
West Palm Beach, FL 33405-1539 (City/State and Zip Code)
For further information concerning this matter, please call:
William H. Sned, Jr., Esquire at (561) 655-8631, ext. 101 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## 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, William H. Sned, Jr. (Name of Registered Agent)
hereby resigns as Registered Agent for C. H. Anthony Associates, Inc.  (Name of Corporation)
J69742 (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)  ARE STATES  (Signature of Resigning Agent)
If signing on behalf of an entity:
William H. SNED TR (Typed or Printed Name)
Resigning Agent (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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