## Electronic Filing Cover Sheet

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To:

Division of Corporations

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CACCOUNT Name

: GRAY, HARRIS & ROBINSON, P.A. - ORLANDO

Account Number : 120010000078

: (407)843-8880

diphone Fax Number

: (407)244-5690

REGISTERED AGENT RESIGNATION

BALL PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Ball Products, Inc. (Name of Corporation)
DOCUMENT NUMBER: J70342
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:
R. Lee Bennett, Esq. (Name of Person)
GrayRobinson, P.A. (Name of Firm/Company)
301 E Pine Street Suite 1400 (Address)
Orlando, Florida 32801 (City/State and Zip Code)
For further information concerning this matter, please call:
R. Lee Bennett, Esq. at (407 ) 244-5631  (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of State for \$87.50 for an active corporation or \$35,00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CB25046(08/05)

FEB-20-2007 16:24

## FILED

## RESIGNATION OF REGISTERED AGENTFEB 20 AM | 1: | 9

SECRETARY OF STATE TALLAHASSEE, FLORID
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Bennett, R. Lee (Name of Registered Agent)
hereby resigns as Registered Agent for Ball Products, Inc. (Name of Corporation)
J70342 (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)
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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Fiorida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314