(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consist to the state of the officer
Special Instructions to Filing Officer:

Office Use Only



300298678573

05/02/17--01015--001 **122.50

MAY 0 8 2017 I ALBRITTON

COVER LETTER

SUBJECT: Growers Ferhizer Corporation (Name of Corporation) DOCUMENT NUMBER: J 94 740 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: Michelle Renta (Name of Person) Growers Fertilizer Carporation (Name of Firm/Company) PO By 1407 (Address) Lake Alfred F 33850 (City/State and Zip Code) For further information concerning this matter, please call: Machelle Ponton (Name of Person) at (Bos 956-1151) (Area Code & Daytime Telephone Number)	TO: Amendment Section Division of Corporations
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: Michelle Render (Name of Person) Gravers Feeklinge Layaration (Name of Firm/Company) PO By 1407 (Address) Lake Curred Fl 33856 (City/State and Zip Code) For further information concerning this matter, please call:	SUBJECT: Growers Ferhlizer Corporation (Name of Corporation)
Please return all correspondence concerning this matter to the following: Michelle Pental (Name of Person) Crower's Feetilize Company) Po By 1407 (Address) Lake Alfred Fl 33850 (City/State and Zip Code) For further information concerning this matter, please call:	DOCUMENT NUMBER: <u>J94740</u>
Michelle Pentan (Name of Person) Growers Feetilize Company) Po By 1407 (Address) Lake Alfred Fl 33850 (City/State and Zip Code) For further information concerning this matter, please call:	The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
PO By 1407 (Address) Lake Alfred Fl 33850 (City/State and Zip Code) For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:
Po By 1407 (Address) Lake Culfred Fl 33856 (City/State and Zip Code) For further information concerning this matter, please call:	Michelle Penton (Name of Person)
Lake Cuffed F1 33856 (City/State and Zip Code) For further information concerning this matter, please call:	• •
For further information concerning this matter, please call:	PO Box 1407 (Address)
	Lake alfred Fl 33850 (City/State and Zip Code)
(Name of Person) at (803) 950-1101 (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
	(Name of Person) at (803) 956-1131 (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, Kichad G USF-e (Name of Registered Agent)	<u>e</u>	
hereby resigns as Registered Agent for Grovers Texh / 12 e (Name of Corporation)	orporati	ion
J94740		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	on which	
If signing on behalf of an entity:		
(Typed or Printed Name)	2017 MAY -2 SECRETARY OF TALL AHASSEE	<u> </u>
(Capacity)	PN 2: 27 OF STATE OF LORIBA	
Fee for filing this document:		
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved	-d/	
#33.00 - Additing day very dissolved voluntarity dissolved	/U/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation