

L89297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

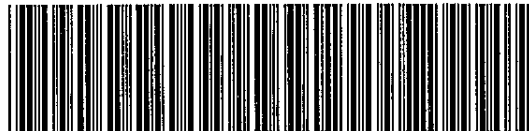
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TALLAHASSEE, FLORIDA

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Fallace & Larkin, L.C.
Attorneys at Law

James H. Fallace
David G. Larkin
♦♦♦

www.fallace.com



Jesse L. Kabaservice
Catherine R. DeLorenzi
♦♦♦
Of Counsel:
Jeffery L. Cohen †
†Board Certified in Health Care

September 8, 2005

Via Certified Mail (7003 3110 0004 7127 9199)

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: D. C. Moxley Contracting, Inc.
Resignation of Registered Agent
File No.: 04-14494

Dear Sir or Madam:

Pursuant to Florida Statutes § 607.0502, we are enclosing the original and two (2) copies of the Resignation of Registered Agent for a Florida Profit Corporation and related Transmittal Letter with regard to the above-referenced entity for filing. Also enclosed is our firm's check in the amount of \$87.50, as well a self-address, stamped envelope for your convenient return of the confirmation paperwork.

Pursuant to Florida Statutes § 607.0502(2), we hereby certify that we have mailed a copy of the enclosed Resignation to D. C. Moxley Contracting, Inc., at 1704-A Aurora Road, Melbourne, Florida 32935 and Post Office Box 360953, Melbourne, Florida 32936.

If you have any questions; please do not hesitate to contact me.

Sincerely,

FALLACE & LARKIN, L.C.

Stacey L. Tomasko, CLA
Certified Paralegal to James H. Fallace

:slt

Enclosures

1900 South Hickory Street ♦ Suite A ♦ Melbourne, Florida 32901 ♦ (321) 951-9900 ♦ Fax: (321) 724-6002

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D.C. Moxley Contracting, Inc.
(Name of Corporation)

DOCUMENT NUMBER: L89297

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:

James H. Fallace

(Name of Person)

Fallace & Larkin, L.C.

(Name of Firm/Company)

1900 South Hickory Street, Suite A

(Address)

Melbourne, Florida 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

James H. Fallace

(Name of Person)

at (321) 951 - 9900

(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.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, 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, James H. Fallace, P.A.
(Name of Registered Agent)

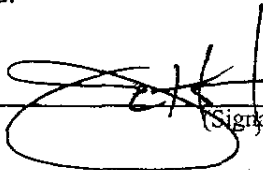
hereby resigns as Registered Agent for D.C. Moxley Contracting, Inc.
(Name of Corporation)

L89297

(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:

JAMES H. FALLACE P.A.
(Typed or Printed Name)

President
(Capacity)

FILED
05 SEP 16 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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