L94189

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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SECRETARY OF STATE

RA Rez.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Smare FRY CHOO-CHOO, INC. (Name of Corporation)
DOCUMENT NUMBER: Q 4189
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:
KATHLEEN ISRAEL (Name of Person)
(Name of Firm/Company)
21430 NE 20 = Ave (Address)
No Mismi Besch IL 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 466 - 1034 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corp or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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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, STEWART JACOBSON (Name of Registered Agent)
hereby resigns as Registered Agent for SMUL TRY CHOO CHOO TWC, (Name of Corporation)
L94189
(Document Number, if known)
A copy of this resignation was mailed to the above Hsted 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

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/