

N000000003922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

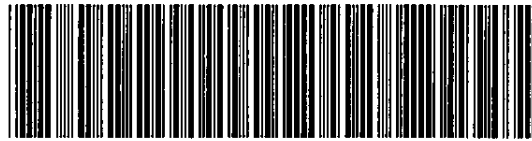
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300082947353

01/05/07--01025--002 **35.00

FILED

2007 JAN -5 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign

C. Coulllette JAN 10 2007



LAW OFFICES OF
GEORGE H. MAZZARANTANI, P.A.

PHONE: 941.954.6000
FAX: 941.953.8220
WWW.MAZZARANTANI.COM

KODRA PROFESSIONAL CENTER
777 SOUTH PALM AVENUE, SUITE 2
SARASOTA, FL 34236

January 3, 2007

Via DHL Overnight

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: The Daniel and Helen Sosso Family Foundation, Inc.
Document Number N00000003922

Dear Sir or Madam:

The enclosed Resignation of Registered Agent for a Corporation and are check in the amount of \$35.00 payable to the Florida Department of State are submitted for filing.

Please return all correspondence concerning this matter to the following:

George H. Mazzarantani, Esquire
George H. Mazzarantani, P.A.
777 South Palm Avenue, Suite 2
Sarasota, FL 34236

For further information concerning this matter, please call the undersigned or Lynda Jencks at (941) 954-6000

Very Truly Yours,

**Law Offices of
George H. Mazzarantani, P.A.**

**Dictated But Not Read in
Mr. Mazzarantani's Absence
To Avoid Delay in Mailing**

George H. Mazzarantani
For The Firm
lynda@mazzarantani.com

Enclosures
cc: Helen V. Sosso

**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, George H. Mazzarantani

(Name of Registered Agent)

hereby resigns as Registered Agent for The Daniel and Helen Sosso Family Foundation, Inc.

(Name of Corporation)

N00000003922

(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)

FILED
2007 JAN -5 AM 11:54
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