

# N000000005379

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

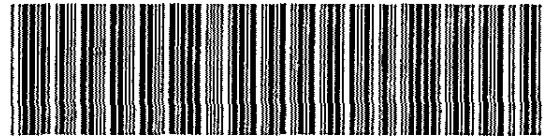
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05 JAN -3 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA Resignation

T BROWN JAN -6 2005

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** With Arms Wide Open, Inc. Foundation,  
(Name of Corporation)

**DOCUMENT NUMBER:** N00000005379

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:

Scott A. Stapp  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

5396 N. Bay Road  
(Address)

Miami Beach, FL 33140  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rob McNeely at (850) 933-1817  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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**

**FILED**  
05 JAN -3 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509  
Florida Statutes, the undersigned, Robert A. McNeely  
(Name of Registered Agent) Foundation  
hereby resigns as Registered Agent for With Arms Wide Open/Inc.  
(Name of Corporation)

NO0000005379  
(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.

Robert A. McNeely  
(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 Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**