N0200003089

(1	Requestor's Name)		
, (Address)		
· · · (Address)		
(1	City/State/Zip/Phone #)	
. PICK-UP	WAIT	MAIL	
(Business Entity Name)	
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			





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03/28/08--01027--008 **87.50

R.A. Resignation
TB 7/7

COVER LETTER

Division of Corporations
SUBJECT: PATHWAYS SERVICES INC. (Name of Corporation)
DOCUMENT NUMBER: N Ø 2 かゆめゆるか 3 の 39
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FAY AUSTON (Name of Person)
PATHWAYS SERVICES INC. (Name of Firm/Company)
340 STEREING LK. DR. (Address)
Ocoise, FC. 34761 (City/State and Zip Code)
For further information concerning this matter, please call:
David Acston at (321) 231-2659 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
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

TO: Amendment Section



May 2, 2008

DAVID ALSTON
PATHWAY SERVICES, INC.
340 STERLING LAKE DR
OCOEE, FL 34761

SUBJECT: PATHWAY SERVICES, INC.

Ref. Number: N02000003089

We have received your document for PATHWAY SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as I have had no further communication with you since our phone call of April 2, 2008.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 108A00027863

Teresa Brown Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	is 607.0502(2), 617.0502(2), 607.15	509, or 617.1509,
Florida Statutes, the undersigned, _	Name of Registered	ACSTONAGENT)
hereby resigns as Registered Agent	for PATHLUAYS SERVICES (Name of Corporati	Inc.
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at	its last known address.
The agency is terminated and the of this statement is filed.	(Signature of Resigning Agent)	ter the date on which
If signing on behalf of an entity:		SECRETAR SEC
	(Typed or Printed Name)	A 8: 07
	(Capacity)	7

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