

2) No2000006373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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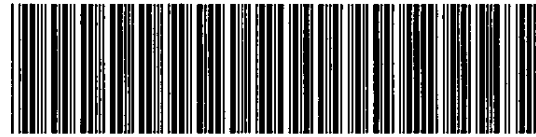
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2006 MAY 16 AM 9:01

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sarasota Thunder Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** N02000006373

The enclosed Statement of ~~Change of Registered Office/Agent~~ *RA Resignation* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanaye Goehring  
(Name of Contact Person)

(Firm/Company)

1672 Mellon Way  
(Address)

Sarasota, Florida 34232  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tanaye Goehring at ( 941 ) 232-9861  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 MAY 16 AM 9:01

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Robert M. Leutholt  
(Name of Registered Agent)

hereby resigns as Registered Agent for Sarasota THunder Inc.  
(Name of Corporation)

N02000006373  
(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 M. Leutholt  
(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withdrawn corporation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**