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DIVISION OF CORPORATIONS
ON AUG 22 AH 10: 23

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	vision of Corporations						
	Gulf Coast Bot Bortnors I	no					
SUBJECT	Gulf Coast Pet Partners li	Name (of Corporat	ion			
	`	•	or Corporati	.ioii <i>j</i>			
DOCUME	ENT NUMBER: N030000009	752					
The enclos	sed Resignation of Registered Ag	gent for	r a Corpor	ation a	and fee are	submitted	for filing.
Please retu	urn all correspondence concernin	g this 1	matter to tl	he foll	owing:		
Maja Gir	nsberg-Angeli						
	(Name of Person)			_			
Gulf Coa	st Pet Partners Inc.						
	(Name of Firm/Company)			-			
11820 R	ed Hibiscus Drive						
	(Address)		· · · · · · · · · · · · · · · · · · ·	-			
Bonita S	prings, FL 34135						
	(City/State and Zip Code)			_			
For further	information concerning this ma	tter, pl	ease call:				
Maja Gin	sberg-Angeli	at (239) 27	′3- 9 828		
	(Name of Person)	_ \-	(Area Code	& Day	3-9828 ytime Telep	hone Num	ber)
Enclosed is or \$35.00 i	s a check made payable to the Fl for an administratively dissolved	orida I , volur	Departmen starily diss	t of St olved	tate for \$87 or withdra	7.50 for an	active corporation.
.	,						

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 pr	ovisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	1509,
Florida Statutes, t	he undersigned, Judith Peter	
	(Name of Registered Agent)	
hereby resigns as	Registered Agent for Gulf Coast Pet Partners Inc.	
	(Name of Corporation)	
N03000000992	2	
(Document 1	Number, if known)	
A copy of this res	ignation was mailed to the above listed corporation at its last know	wn address.
The agency is terr this statement is f	ninated and the office discontinued on the 31st day after the date of iled.	on which
-	(Signature of Resigning Agent)	
If signing on beha	If of an entity:	
	Gulf Coast Pet Partners Inc.	9
-	(Typed or Printed Name)	SECTION AND AND AND AND AND AND AND AND AND AN
	Registered Agent	VISION OF CO
-	(Capacity)	AH 10: 29

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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