## N0400007091

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RA Resign Thereis 3/11/08

## **COVER LETTER**

SUBJECT: His Hands Outreach, In	(Name of Corporation)
DOCUMENT NUMBER: N040000	007091
The enclosed Resignation of Registered	d Agent for a Corporation and fee are submitted for filing
Please return all correspondence conce	rning this matter to the following:
Norman Gagnon	
(Name of Person)	
His Hands outreach, Inc.	
(Name of Firm/Compa	any)
4888 La Casa Circle	
(Address)	
Pace, Florida 32571	
(City/State and Zip Co	ode)
For further information concerning this	s matter, please call:
Norman Gagnon	at ( 850 ) 994-3523
(Name of Person)	(Area Code & Daytime Telephone Number)

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 pro	ovisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	.1509.
Florida Statutes, tl	he undersigned, Ma	arc F. Bizzell	FC 3
,	<b>5</b> / <u></u>	(Name of Registered Agent)	F. 19
hereby resigns as l	Registered Agent for	His Hands Outreach, Inc.	Syl
, ,		(Name of Corporation)	in de
N04000007091			0,5
(Document )	Number, if known)		30
A copy of this res	ignation was mailed to	o the above listed corporation at its last kno	own address
The agency is term this statement is fi		discontinued on the 31st day after the date	on which
_	Man	c & Bujell	
	(Sig	gnature of Resigning Agent)	
If signing on beha	lf of an entity:		
	Marc F. Bizzell		
		Typed or Printed Name)	
_	Registered Agent		
		(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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