

NO4000007166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

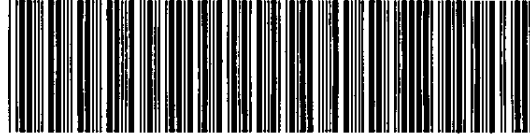
(Business Entity Name)

(Document Number)

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15 DEC 14 PM 12:44
SECTION OF JUDGE
DIVISION OF COURT REPORTING

DEC 16 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WE'RE ALL JUST FRIENDS, INC.
(Name of Corporation)

DOCUMENT NUMBER: NO4000007166

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:

BONNIE BOZZO
(Name of Person)

(Name of Firm/Company)

520 TAYLOR COURT
(Address)

MARCO ISLAND FL 34145
(City/State and Zip Code)

For further information concerning this matter, please call:

BONNIE BOZZO at (239) 389-0037
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 DEC 14 PM 12:45

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ELIZABETH BONNIE BOZZO

(Name of Registered Agent)

hereby resigns as Registered Agent for WE'RE ALL JUST FRIENDS, INC

(Name of Corporation)

NO4000007146
(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.

Bonnie Bozzo
(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withdrawn corporation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**