E888 00000001

| (Re | equestor's Name) | |
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| (Ad | dress) | · |
| (Cit | ry/State/Zip/Phon | e #) |
| . PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: Sunshine Corgi Resc | ue, Inc. |
| SUBSECT. | (Name of Corporation) |
| DOCUMENT NUMBER: N0600 | 00008883 |
| The enclosed Resignation of Registe | ered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence con | ncerning this matter to the following: |
| Pamela Fredel | |
| (Name of Perso | on) |
| Sunshine Corgi Rescue, Inc. | |
| (Name of Firm/Cor | npany) |
| 1515 Hanks Avenue | • |
| (Address) | |
| Orlando, FL 32814 | |
| (City/State and Zip | Code) |
| For further information concerning t | his matter, please call: |
| Pamela Fredel | at (407) 810-5756 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to or \$35.00 for an administratively dis | o the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.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 |
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| The product of | <i>보</i> 양인 |

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections of | 07.0502(2), $617.0502(2)$, 607.1509 , or 617.1509 , |
|--|--|
| Florida Statutes, the undersigned, Mic | chael Wilson |
| • | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | Sunshine Corgi Rescue, Inc. |
| | (Name of Corporation) |
| N06000008883 | |
| (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 this statement is filed. | discontinued on the 31st day after the date on which |
| Mich | Sul Swigning Agent) |
| (Sig | gnature of Resigning Agent) |
| | Taburan sa Malaya Marana Taburan sa Malaya |
| Michae | Typed or Printed Name) |
| (| A service of the serv |
| Part | + |

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

(Capacity)

प्रज्ञामक लगाके समेगाया का राजुर