Nozaoa

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.

Office Use Only



900009530769

12/20/02--01036--017 **87.50

PILED
02 DEC 20 MM 9: 41
ECRETARY OF STATE
LLAHASSEF, FLORIE.

Mossos or ay

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kid's World Juc. (Name of Corporation) DOCUMENT NUMBER: N 08202
DOCUMENT NUMBER: NORLOZ
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:
Bowers Bob (Name of Person)
Robert Bowers Accounting The. (Name of Firm/Company)
P. O. Box 159 (Address)
Lehigh Acres FL 33970 (City/State and Zip Code)
For further information concerning this matter, please call:
Bob Bowers (Name of Person) at (239) 368-1505 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Bowers Bob (Name of Registered Agent)
hereby resigns as Registered Agent for Kid's World Juc.
(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. Compared to the discontinued on the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:
(Typed or Printed Name) FOR THE CORRESPONDENCE OF THE CORRESPONDE
(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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