From: Calandrino Law Firm



10/7/2014

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : CALANDRINO LAW FIRM

Account Number : I20090000062

Phone

: (407)601-4905

Fax Number : (407)601-4910

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PhilMa florida business law. com

REGISTERED AGENT RESIGNATION GREYSON'S FOUNDATION FOR CHILDREN, INC.

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OCT 1 5 2014

C. CARROTHERS

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Corporate Filing Menu

Help

TO: Amendment Section

COVER LETTER

407 601 4910

Division of Corporations	
SUBJECT: Greyson's Foundation for	Children, Inc.
(Name of Corporat	tion)
DOCUMENT NUMBER: N11000005490	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Philip K. Calandrino	
(Name of Person)	-
Assured Compliance Services, LLC	-
(Name of Firm/Company)	
301 East Pine Street Suite 950	
(Address)	-
Orlando/FL 32801	·
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Philip K. Calandrino at (407	206-6747
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

10/13/2014 17:18

#000 P.003/003



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SEEDE LAND MALE

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Assured Compliance Services, LLC
	(Name of Registered Agent)
hereby resigns as Registered Agen	t for Greyson's Foundation for Children, Inc.
	(Name of Corporation)
N11000005490	
(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.

If signing on behalf of an entity:

Philip K. Calandrino

(Typed or Printed Name)

Manager

(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