(Requestor's Name) (Address)		
(Address)	200249	826782
(City/State/Zip/Phone #)		
(Business Entity Name)	09/24/1301012007 **87.50	
(Document Number)		
Copies Certificates of Status		野名 福
Instructions to Filing Officer:	0CT - 2 2013 R. WHITE	FILED SEP 24 PH 2: 35 CRETARY OF STATE LLAHASSEE, FLOBIDA

COVER LETTER

TO: Amendment Section Division of Corporations

Friends of Clearunter, Inc. (Name of Corporation) **SUBJECT:** 300000717 DOCUMENT NUMBER:

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:

LYNN RIDLEY (Name of Person) (Name of Firm/Company) 331 CLEVELAND ST. U.# 701 (Address) CLEARWATER, Fl. 33755 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>VNN RIALEY</u> at (412) 216-0770 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Sarah J. Donovan
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Friends of Clearwater, Inc. (Name of Corporation)
N1300007177	
(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.

Aarch F. Dono van	SEC	জ	
(Signature of Resigning Agent)	.AIL	SEP	- ****
If signing on behalf of an entity:	ARY C ASSEE	24	
	, Sulf	PH	Ċ,
(Typed or Printed Name)	ORIDA	2: 35	

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(Capacity)

Fee for filing this document:

 \$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tailahassee, FL 32314