

N13095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

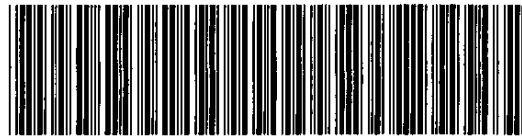
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100109199171

09/11/07--01051--021 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 SEP 11 PM 1:01

ps 9/17/07  
nt kles

# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WEST PUTNAM VOLUNTEER FIRE DEPARTMENT, INC

(Name of Corporation)  
N13095

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:

OLIVE INMAN

(Name of Person)

(Name of Firm/Company)

P. O. BOX 550

(Address)

HAWTHORNE, FL. 32640

(City/State and Zip Code)

For further information concerning this matter, please call:

OLIVE INMAN

(Name of Person)

at

352

481-4359

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 SEP 11 PM 1:01

# 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, OLIVE INMAN  
(Name of Registered Agent)

hereby resigns as Registered Agent for WEST PUTNAM VOLUNTEER FIRE DEPARTMENT, INC.  
(Name of Corporation)

N13095  
(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.

  
(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