

N141000000 R4B

(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:

Registered agent field
Cannot be blank.

Office Use Only



500277021795

09/14/15--01026--027 **35.00

SEP 29 2015
TALLAHASSEE, FLORIDA

15 SEP 29 AM 9:39

10110

R/A Res.

SEP 29 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sons of Confederate Veterans- General Jubal A. Early Camp #556 Inc.
Name of Corporation

DOCUMENT NUMBER: N14000001843

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Gilmore

Name of Contact Person

Firm/Company

2202 Butch Cassidy Trail

Address

Wimauma, FL 33598

City/State and Zip Code

bgilmore71@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Gilmore

Name of Contact Person

at **813 938-1618**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2015

BRYAN GILMORE
2202 BUTCH CASSIDY TRAIL
WIMAUMA, FL 33598

SUBJECT: SONS OF CONFEDERATE VETERANS- GENERAL JUBAL A.
EARLY CAMP #556 INC.
Ref. Number: N14000001843

We have received your document for SONS OF CONFEDERATE VETERANS-GENERAL JUBAL A. EARLY CAMP #556 INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Ch. 607 Fla. Statute requires that all entities doing business in Florida have a registered agent on file in our database. Please provide us with the name and street address of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 915A00019721

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sons of Confederate Veterans- General Jubal A. Early Camp #556
(Name of Corporation)

DOCUMENT NUMBER: N14000001843

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:

Bryan Gilmore

(Name of Person)

(Name of Firm/Company)

2202 Butch Cassidy Trail

(Address)

Wimauma, FL 33598

(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Gilmore

(Name of Person)

at (**813**) **938-1618**

(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

15 SEP 29 AM 9:39

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Bryan Gilmore

(Name of Registered Agent)

hereby resigns as Registered Agent for Sons of Confederate Veterans- General Jubal A. Early Camp #556

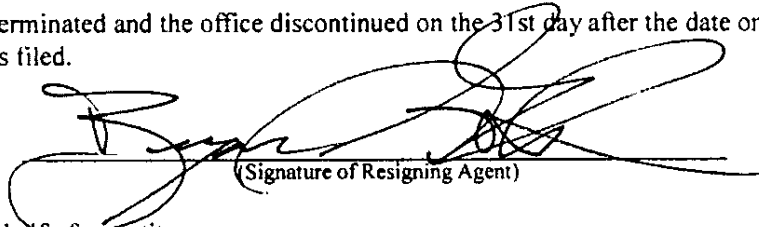
(Name of Corporation)

N14000001843

(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