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## TRANSMITTAL LETTER

	Amendment Section Division of Corporations	
SUBJE	BJECT: CONGROAD OF PROOFE (Name of Corporation))	Inc.
DOCU	CUMENT NUMBER: 1588 -	
The end	enclosed Resignation of Registered Agent for a Corporation a	nd fee are submitted for filing.
Please 1	se return all correspondence concerning this matter to the follows:	owing:
<u>T</u>	homas Unawah (Name of Person)	<del></del>
Thor	(Name of Firm/Company), P.A., C.P.A.	
350	504 Radio Road (Address)	
Na	aples, Florida 34104-3721 (City/State and Zip Code)	•
For furt	further information concerning this matter, please call:	
The	nomas Unswerth at (389-) lov (Name of Person) (Area Code & Day	(9-811) rtime Telephone Number)
Enclose	losed is a check made payable to the Florida Department of St	ate for \$87.50 for an active corp

orporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.9502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,	homas	Varne of Register	ed Agent)	<u> </u>	
hereby resigns as Registered Agent for	Corgress	(Name of Corpo	People pration)	Tra	
(Document Number, if known)			* <b>*</b> 4** ****		
A copy of this resignation was mailed to	o the above list	ed corporation	at its last kno	wn address.	
The agency is terminated and the office this statement is filed.	discontinued o	n the 31st day	after the date	on which	
1 / 12 (Si	gnature of Resigni	ng Agent)		•	
If signing on behalf of an entity:	- Primari # 01 1 mail 8:11			2 2 K	
				D3 NOV -	<del></del>
(	Typed or Printed I	Name)		PM 3: 50 RY OF STATE SEE, FLORID	JEU
	(Capacity)		<del></del>	TATE ORIG	, ;

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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