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(Re	equestor's Name)	
(Ac	idress)	
(Address)		
(Ci	ty/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## TRANSMITTAL LETTER

SUBJECT: FOAM AND PSP INC (Name of Corporation)
DOCUMENT NUMBER: PDDDDD 19896
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:
MORRIE I LEVINE (Name of Person)
LAW OFFICE OFMORRIE I LEVINE (Name of Firm/Company)
2450 Hollywood Blvd, Ste.100
Hollywood, FC 33020 (City/State and Zip Code)
For further information concerning this matter, please call:
MORRIE I. LEVINE at (954) 925-9000 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Amendment Section Division of Corporations

TO:

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), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MORRIE I. LEVINE (Name of Registered Agent)
hereby resigns as Registered Agent for FOAM AND P.S.P., INC., (Name of Corporation)
(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.
Morrie J. Lewing 2
(Signature of Resigning Agent)  If signing on behalf of an entity:  (Signature of Resigning Agent)  ASSET TO SEE T
(Typed or Printed Name)
(Capacity)

## Fee for filing this document: \$87.50 - Active corporation

\$35.00 - 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withdrawn corporation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