- P00000074218

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	≥ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: R & N Masonry, Inc. (Name of Corporation)
DOCUMENT NUMBER: P00000024218
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:
Neil Crighton
(Name of Person)
R & N Masonry, Inc.
(Name of Firm/Company)
4761 Amory Court
(Address)
Orlando, FL 32811
(City/State and Zip Code)
For further information concerning this matter, please call:
Neil Crighton at (407) 943-8888
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
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

Pursuant to the provisions of sections of	507.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, _G.	Pattison	
-	(Name of Registered Agent)	
hereby resigns as Registered Agent for	R & N Masonry, Inc.	
	(Name of Corporation)	
P00000024218		
(Document Number, if known)		
A copy of this resignation was mailed to	to the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which	
	Grace Pattinon ignature of Resigning Agent) 3 3 3 3 3 3 3 3 3 3 3 3 3	2." 4. ,
(5)	ignature of Resigning Agent)	- r
If signing on behalf of an entity:		
	Young Lot W	
	8	9.00 20.00 20.00
("	(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withdrawn corporation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