## P0000026800

(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:





400039770694

08/10/04--01004--002 \*\*87.50

OL AUG -9 PM 2: 24
SECRETARY OF STATE
ALLAHASSEE, FLORID

RArresig.

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bethy J. Coullard Inc. (Name of Corporation)
DOCUMENT NUMBER: P0000026800
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:
Nora R. Leon (Name of Person)
Bothy J. Couillard, Inc (Name of Firm/Company)
15311 NW 60 Ave #100 (Address)
Miani Lakes FL 33014 (City/State and Zip'Code)
For further information concerning this matter, please call:
Nora R. Leon at (305) 830-6885  (Name of Person) at (305) 830-6885  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E046(11/02)

FILED

04 AUG -9 PM 2: 24

RESIGNATION OF REGISTERED AGENT LAHASSEE, FLORIDA

FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Betty J. Cawlard (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for Betty J. Coullard, Inc. (Name of Corporation)
P000000210800
(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.
Botty & Soullaid
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Typed or Finned 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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