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| PICK-UP | ☐ WAIT | MAIL | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Creative Wall Coatings, Inc. (Name of Corporation) DOCUMENT NUMBER: P00000031077 |
| 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: |
| Pamela Troyer (Name of Person) |
| Troyers Business Services Inc (Name of Firm/Company) |
| 1569 Shadow Ridge Cir (Address) |
| Sarasota FL 34240 - 9464 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Pamela Troyer at (941) 378-4171 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section | ons 607.0502(2), 617.0502(2), | , 607.1509, or 617.1509, | · .: |
|---|---------------------------------|------------------------------|---------|
| Florida Statutes, the undersigned, | <u>Pamela Tr</u> | gistered Agent) | |
| hereby resigns as Registered Agen | for <u>Creative</u> U | Wall Coatings | ,Inc. |
| P00000031077 (Document Number, if known) | | | |
| A copy of this resignation was mai | led to the above listed corpora | ation at its last known addr | ess. |
| The agency is terminated and the o | office discontinued on the 31st | day after the date on whic | h |
| · · · · · · · · · · · · · · · · · · · | (Signature of Resigning Agent) | fer | |
| | (Digitaliae of Resigning Agent) | 1 | |
| If signing on behalf of an entity: | | | -2 |
| | | TALL | |
| | (Typed or Printed Name) | | 5 |
| | | SSEE | S E |
| | (Capacity) | | က် ထု |
| | • | | 5 |

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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