

P000000034877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

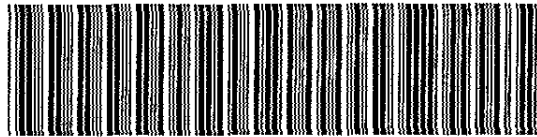
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000027945920

02/02/04--01049--010 **35.00

FILED

04 FEB -2 PM 10

TALLAHASSEE, FLORIDA

RA/Bes
Ta 2/4/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLOOR DESIGN OF FORT MYERS, INC
(Name of Corporation)

DOCUMENT NUMBER: P00000034877

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:

JAMES KINTZLE
(Name of Person)

922 S. TOWN & RIVER DR
(Address)

FT. MYERS, FL 33919
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES KINTZLE at (941) 375-2015
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

FILED
04 FEB -2 PM 12:10
TALLAHASSEE, FLORIDA

**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,

JAMES R. KINTZLE
(Name of Registered Agent)

hereby resigns as Registered Agent for

FLOOR DESIGN OF FORT MYERS, INC
(Name of Corporation)

P000000 348 77

(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.

James R. Kintzle
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
04 FEB - 2 PM 12:10
TALLAHASSEE, FLORIDA

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