P00000038450

•
(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



200022106212

08/08/03 -- 01046--- 001 **87.50

UG-8 PM 1:26

FILED C S.

FILE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hot Hot Contral Florida (Name of Corporation)
DOCUMENT NUMBER: P000000 38450
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:
John Classe lay (Name of Person)
H4 H St Cantral Plovida (Name of Firm/Company)
6210 All American Blud (Address)
Orlando FL 32809 (City/State and Zip Code)
For further information concerning this matter, please call:
John Cleeve Ley at (#321 277 2324 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 617.1309,	
Florida Statutes, the undersigned, Joun CLEEVELEY (Name of Registered Agent)	<u>_</u>
(B)	
hereby resigns as Registered Agent for Hr H of Central (Name of Corporation)	Ployide
P000000 38450	
(Document Number, if known)	· ·
A copy of this resignation was mailed to the above listed corporation at its last known add	ress.
The agency is terminated and the office discontinued on the 31st day after the date on whithis statement is filed	ch
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	<u>ш</u>
STATE LORIDA	
(Capacity)	1

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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