

700000040331

(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



400043268604

12/15/04--01017--021 * 35.00

FILED
04 DEC 15 PM 12:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

2725
12/15/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FORTUNE ENTERPRISES INC
(Name of Corporation)

DOCUMENT NUMBER: P00000040331

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:

Allen H. Katz Please Remove my address
(Name of Person) As the principal address
Same & Mailing Address
(Name of Firm/Company)

2800 E. Commercial Blvd #208
(Address)

St. Lauderdale Fl 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Allen H. Katz at 954 978-0707
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, Allen H. Katz

(Name of Registered Agent)

hereby resigns as Registered Agent for

Fortune Enterprises Inc

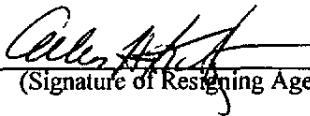
(Name of Corporation)

P00000040331

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 DEC 15 PM 12:15

FILED

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