

P000000 71717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

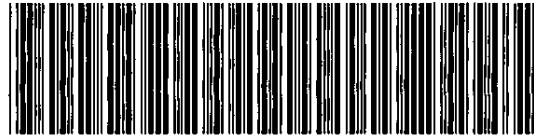
(Document Number)

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TALLAHASSEE, FLORIDA

\$ 8750

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CRC  
8/12

GLENNAN D. SELLERS II  
125 OCEAN HIBISCUS DRIVE  
ST. AUGUSTINE, FL 32080  
904-669-1287

June 19, 2008

Department of State  
Division of Corporations  
Corporate Filing  
P. O. Box 6327  
Tallahassee, FL 32314

RE: P00000071717

To Whom It May Concern:

Please remove my name as registered agent and owner for The Great Maltby Oak Tree Co., Inc.  
The address will remain the same.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Glennan D. Sellers II

GDS:cms

RECEIVED  
2008 JUL 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2008

GLENNAN D. SELLARS II  
125 OCEAN HIBISCUS DR.  
ST. AUGUSTINE, FL 32080

SUBJECT: THE GREAT MALTBY OAK TREE CO., INC.  
Ref. Number: P00000071717

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

We are enclosing the proper form(s) with instructions for your convenience.

The total amount due is \$122.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 608A00042082

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

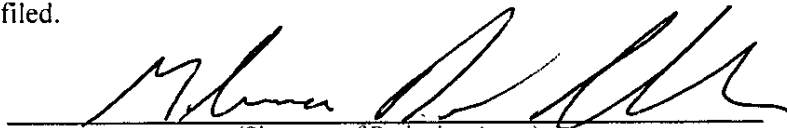
Florida Statutes, the undersigned, Glennan D. Sellers II  
(Name of Registered Agent)

hereby resigns as Registered Agent for The Great Maltby Oak Tree Co. Inc  
(Name of Corporation)

P000000071717  
(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)

**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**

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