## P0000084277

(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



500028691265

02/17/04--01018--012 \*\*87.50

FILED

OUTERAND STATE

OUTERAND STATE

OUTERAND STATE

OUTERAND

O

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Action Digwall to Plastering, In- (Name of Corporation)
DOCUMENT NUMBER:
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:
Regime Spicer (Name of Person)
Action Drywall & Plastering, Inc. (Name of Firm/Company)
P.O. Box 90 (Address)
Marco Island, FC 34146 (City/State and Zip Code)
For further information concerning this matter, please call:
Regina Store at (237) 465.9016 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned, Regine Spicer (Name of Registered Agent)	
hereby resigns as Registered Agent for Action Dequal & Planted (Name of Corporation)	ostering, Inc
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last l	cnown address.
The agency is terminated and the office discontinued on the 31st day after the dathis statement is filed.	ate on which
Regina Spice (Signature of Resigning Agent)	
If signing on behalf of an entity:	FEB 20 OL FEB 20 ICCIETAR
(Typed or Printed Name)	. MD M 8: 5: Y OF STAT

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)