## P00000099397

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>≥</b> #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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08/15/03--01019--005 \*\*\*



lA Resign

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BURNETT ENTERPRISES, INC
(Name of Corporation)
DOCUMENT NUMBER: P00000099397
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:
AUBIN W ROBINSON
(Name of Person)
Chartered Law Firm of Aubin Wade Robinson
(Name of Firm/Company)
P.O. Box 210425
(Address)
Royal Palm Beach, FL 33411
(City/State and Zip Code)
For further information concerning this matter, please call:
Aubin Wade Robinson at ( 561 ) 333-8755  (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	المهرون ويتوني
Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, A	UBIN W ROBINSON
	(Name of Registered Agent)
hereby resigns as Registered Agent for	BURNETT ENTERPRISES, INC.
, , ,	(Name of Corporation)
P00000099397	•
(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 offic this statement is filed.	e discontinued on the 31st day after the date on which
(5	Signature of Resigning Agent)
If signing on behalf of an entity:	
	(Typed or Printed Name)
	(Typed of Timed Name)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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