P00000110716

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| (Re | equestor's Name) | _ · · · . |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STALL

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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | |
|--|--------------|
| SUBJECT: All and More, Inc. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: P00000110716 | |
| 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: | |
| Crisoforo Ayala | |
| (Name of Person) | |
| All and More, Inc. | |
| (Name of Firm/Company) | |
| 4191 18th Place SW | |
| (Address) | _ |
| Naples, FL 34116 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Crisoforo Ayala at (239) 631-3111 (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of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. | วก |
| 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 | <u>-</u> |

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, Crisoforo Ayala |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for All and More, Inc. |
| (Name of Corporation) |
| P00000110716 |
| (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: |
| |
| As c |
| (Typed or Printed Name) |
| HE WE TAKE |
| Sir - F |
| (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