

PO10000015499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
05 MAR - 8 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA/RES  
1a 3-16-05

TRANSMITTAL LETTER

FILED  
05 MAR -8 PM 3:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

TO: Amendment Section  
Division of Corporations

SUBJECT: Emerald Financial Services, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P0100015499

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:

M. Spalinger  
(Name of Person)

Business Filings Incorporated  
(Name of Firm/Company)

8025 Excelsior Dr. #200  
(Address)

Madison, WI 53717  
(City/State and Zip Code)

For further information concerning this matter, please call:

Same at (608) 827-5300 x254  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED  
05 MAR -8 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Business Filings Incorporated  
(Name of Registered Agent)

hereby resigns as Registered Agent for Emerald Financial Services, Inc  
(Name of Corporation)

D0100015499  
(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.

Mark Schiff  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Mark Schiff, AVP-Business Filings Incorporated  
(Typed or Printed Name)

Assistant Vice President  
(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withdrawn corporation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**