P01000024707

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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05/29/03-01053-001 **87.50

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Berl Thomas and Asso (Nam	me of Corporation)	
DOCUMENT NUMBER: P0100002470	07	. ************************************
The enclosed Resignation of Registered Agen	nt for a Corporation and fee are submitted for file	ing.
Please return all correspondence concerning the	his matter to the following:	
Douglas A. Wallace (Name of Person)		e a Service a service
(Name of Firm/Company)	<u> </u>	
P.O. Box 9032 (Address)	<u> </u>	4.
Bradenton, FL 34206 (City/State and Zip Code)	to the second se	, 3-
For further information concerning this matter	r, please call:	
Douglas A. Wallace (Name of Person)	at (941) 747-5545 (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Flori or \$35.00 for an administratively dissolved, v	ida Department of State for \$87.50 for an active oluntarily dissolved or withdrawn corporation.	corporation
Amendment Section Amendr Division of Corporations Division P.O. Box 6327 409 E. C	Address: ment Section n of Corporations Gaines Street ssee, FL 32399	

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	509,		
Florida Statutes, the undersigned, Douglas A. Wallace (Name of Registered Agent)			: e
hereby resigns as Registered Agent for Berl Thomas and Associates, (Name of Corporation)	Inc.	٠ وــــــــــــــــــــــــــــــــــــ	4
(Document Number, if known)		-	٠.
A copy of this resignation was mailed to the above listed corporation at its last know	n addre	SS.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent)	n which	l	
If signing on behalf of an entity:	ALL AH	O3 MAY	ገገ
(Typed or Printed Name)	TARY OF ST ASSEE, FLE	MAY 30 PH 3	OB 71.
(Capacity)	NA E	N	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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