

THU/AUG 31/2006 07:24

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Florida Department of State
Division of Corporations
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To:
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From:
Account Name : LEDMAN & HAMM, P.A.
Account Number : I19980000050
Phone : (850) 763-1550
Fax Number : (850) 763-1115

06 AUG 31 PM 12:19

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

INDEPENDENT WIRELESS REPRESENTATIVES ALLIANCE, INC.

RECEIVED
06 AUG 31 AM 8:00
DIVISION OF CORPORATIONS

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1007 Jenks Ave., PC

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P.002

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Independent Wireless Representatives Alliance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000032846

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:

W. Gerald Hamm, Esq.

(Name of Person)

Ledman & Hamm, P.A.

(Name of Firm/Company)

1007 Jenks Avenue

(Address)

Panama City, Florida 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

Joree Hamm

(Name of Person)

at (850) 763-1550

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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THU/AUG/31/2006 08:25

1007 Jenks Ave., PC

FAX No. 850 763 1115

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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, W. Gerald Hamm, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for Independent Wireless Representatives Alliance,

(Name of Corporation)

P01000032846

(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:

(Typed or Printed Name)

(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

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