Division of Corporations Public Access System

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Division of Corporations

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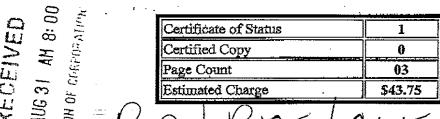
From:

Account Name : LEDMAN & HAMM, P.A.

Account Number : I19980000050 Phone : (850)763-1550 Fax Number : (850)763-1115

REGISTERED AGENT RESIGNATION

INDEPENDENT WIRELESS REPRESENTATIVES ALLIANCE, INC.



FAX Audit (((H06000217737 3)))

Wednesday, August 30, 2006, 4:22:44 PM

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FAX Audit (((H06000217737 3)))

COVER LETTER

SUBJECT: Independent Wireless Representatives Alli	ance, Inc.		
(Name of Corporati	on)		
DOCUMENT NUMBER: P01000032846			
The enclosed Resignation of Registered Agent for a Corpora	ntion and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter to the	e following:		
W. Geraid 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 at (850 (Name of Person) (Area Code	763-1550 & Daytime Telephone	Nomber	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Gorporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fee for filing this document: W. Gerald Hamm, Esq. (Name of Registered Agent) 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) (Typed or Printed Name) (Capacity) Fee for filing this document:	Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
(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) (Typed or Printed Name) (Capacity)	Florida Statutes, the undersigned.	V. Gerald Hamm, Esq.
(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) (Typed or Printed Name)		(Name of Registered Agent)
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) (Typed or Printed Name)	herehu recione as Recistered Agent for	independent Wireless Representatives Alliance,
(Capacity) 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) (Capacity)	The state of the s	(Name of Corporation)
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(Signature of Resigning Agent) (Signature of Resigning Agent) (Typed or Printed Name) (Capacity)	A copy of this resignation was mailed	to the above listed corporation at its last known address.
If signing on behalf of an entity: (Typed or Printed Name) (Capacity) (Capacity)		e discontinued on the 31st day after the date on which
(Capacity) (Capacity)		ignature of Resigning Agent)
(Capacity)	If signing on behalf of an entity:	
(Capacity)		Of Sea
(Capacity)	• . •	(Typed or Printed Name)
		3 7
		(Capacity)
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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation * *

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation