## P010000 38488

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dunings Frakts Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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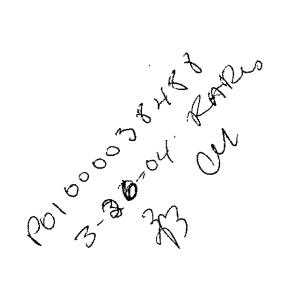
Office Use Only



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ONÉ STOP Remodeling and Authory Corp.  (Name of Corporation)  DOCUMENT NUMBER: 10100038488
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:
Vic George (Name of Person)
(Name of Firm/Company)
2/20 S.W. S AVE (Address)
(Address)  MINNI, FLOTIAL 33129  (City/State and Zip Code)
For further information concerning this matter, please call:
Vic George at (305) 323-6648  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation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

Pursuant to the provisions of sections 607.05	502(2), 617.050	2(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,	12 6-0 (Name	of Registered Agent)	
hereby resigns as Registered Agent for $\frac{\partial N}{\partial N}$	E 570P (Nan	Renodeline of Corporation)	3 4 · Building
(Document Number, if known)	and an a		
A copy of this resignation was mailed to the	above listed co	rporation at its last k	nown address.
The agency is terminated and the office disconthis statement is filed.	ontinued on the	31st day after the day	te on which
V re Je	e of Resigning Ag	ent)	<u> </u>
If signing on behalf of an entity:			
	NA		
(Typed	or Printed Name	)	- 1247 1847 1840 1840
<u> </u>	VA		THE TARK
	(Capacity)		AMII: 36 OF STATE FLORIE

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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