

P010000043216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

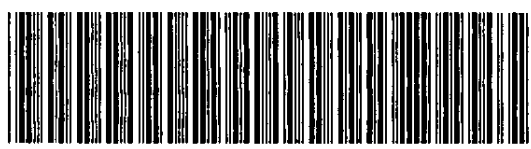
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400250169044

09/09/13--01030--008 **52.50

08/08/13--01019--013 **35.00

RA
Resignation

FILED
2013 AUG 30 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00678, 00671 52.50

9/11/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2013

Tony Antonious
18298 Sunset Blvd.
Redington Shores, FL 33708

SUBJECT: TRI-SURFACE COUNTERTOPS, INC.
Ref. Number: P01000043216

We have received your document for TRI-SURFACE COUNTERTOPS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 413A00019404

RECEIVED
13 AUG 30 AM 9:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRI-SURFACE COUNTERTOP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000043216

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:

TONY ANTONIOUS

(Name of Person)

(Name of Firm/Company)

18298 SUNSET BLVD.

(Address)

REDINGTON SHORES FL 33708

(City/State and Zip Code)

For further information concerning this matter, please call:

TONY ANTONIOUS

(Name of Person)

at (**727**) **6392955**

(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

FILED

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, and 617.1509, OF STATE
TALLAHASSEE, FLORIDA
Florida Statutes, the undersigned, TONY ANTONIOUS

P010000433216

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) _____

**\$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