## P01000067876

(Requestor's Name)
(Address)
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## TRANSMITTAL LETTER

SUBJECT: COLO (Name of Corporation)

DOCUMENT NUMBER: POLOCIO 876

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

hereby resigns as Registered Agent for Ole Scruces (Name of Corporation)  Howard (Name of Corporation)  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)	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
(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.	Tiolida Statutes, the didecisigned,
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)	hereby resigns as Registered Agent for Ollen Services of Northwest Floring (Name of Corporation)
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)	POLOCO 67876 (Document Number, if known)
If signing on behalf of an entity:  (Typed or Printed Name)	A copy of this resignation was mailed to the above listed corporation at its last known address.
(Capacity)	this statement is filed.  (Signature of Resigning Agent)  If signing on behalf of an entity:
(Capacity)	E St. ₹
Eco for filing this document:	ARY O P
ree for thing this document:	ree for tiling this document:
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation