PD1000078556

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

Office Use Only



300022407673

09/10/03--01005--016 **87.50

03 SEP 12 AH II: 27

Dettachness

LOWNDES KANTOR & REED, P.A.

Attorneys at Law

215 NORTH EOLA DRIVE ORLANDO, FLORIDA 32801

450 SOUTH ORANGE AVENUE, SUITE 800 **ORLANDO, FLORIDA 32801**

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809 TEL.: 407-843-4600 / FAX: 407-843-4444 www.lowndes-law.com

> GAIL S. ANDRÉ North Eola Drive Office Direct Dial: (407) 418-6203 E-mail: gail.andre@lowndes-law.com

September 3, 2003

Registration Section Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Naples Closet Design, Inc. - Charter No (P01000078556

Dear Madam or Sir:

Enclosed herewith please find an executed original Resignation of Registered Agent for the above-referenced corporation, together with our law firm's check number 153856 in the amount of \$87.50, payable to the Department of State representing the filing fee for the Resignation.

Please file the resignation immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,

Gail S. Andre' Corporate Paralegal Shawn G Rader

GSA Enclosures 0029419/084549/352995

Shawn G. Rader, Esquire

attachment

RESIGNATION OF REGISTERED AGENT

I, SHAWN G. RADER, hereby resign as Registered Agent of NAPLES CLOSET DESIGN, INC., Charter No. 101000078556 whose last registered office is located at 215 North Eola Drive, Orlando, Florida 32801, said resignation to be effective seven (7) days from the date hereof.

I hereby certify that on this 25th day of August, 2003, I have mailed a copy of this notice by certified mail, return receipt requested to Naples Closet Design, Inc., to the corporation's principal address at 28790 South Diesel Drive, Suite 11, Bonita Springs, Florida 34135.

Shawn a. Rader

STATE OF FLORIDA COUNTY OF ORANGE

as identification.

Printed Name: Susan D. Watts

Notary Public, State of Florida Commission Number:

My Commission Expires:

Susan D. Watts
MY COMMISSION # DD206180 EXPIRES
May 9, 2007
BONDED THRU TROY FAM INSURANCE, INC.