P01000085019

(Requestor's Name)	
(Address)	700161794117
(City/State/Zip/Phone #)	
(Business Entity Name)	10/20/0901018017 **800.00
(Document Number)	
Certified Copies Certificates of Status	Cemmo :
Special Instructions to Filing Officer:	· ///- · .
	ZOOD OCT 20 AM 10: 42 SECRETARY OF STATE FALLAHASSEE, FLORIDA

Office Use Only

R.A. Resign.

TE

DCT 2 1 2009

cleratinates c

COVER LETTER

SUBJECT: DUBUISSON INC. (Name of Corporation)	
DOCUMENT NUMBER: P01000085019	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	ted for filing.
Please return all correspondence concerning this matter to the following:	
GILBRIDE, HELLER & BROWN, P.A.	
(Name of Person)	
GILBRIDE, HELLER & BROWN, P.A.	
(Name of Firm/Company)	
2 South Biscayne Boulevard, Suite 1570	
(Address)	
Miami, Florida 33131	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Lawrence R. Heller at (305) 358-3580 (Name of Person) at (305) Agriculture Telephone Nu	
(Name of Person) (Area Code & Daytime Telephone Nu	ımber)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ZONG OCT 20
TALLAHASSEE. FLORION
TALLAHASSEE. FLORION
TO P. A.

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Gilbride, Heller + Brown, P. A. (Name of Registered Agent)	٠٢٧ -
hereby resigns as Registered Agent for DUBUISSON, INC. (Name of Corporation)	_ `
P01000085019	
(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:

LAWRENCE R. HELLER, Managing Partner
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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