P01000106692

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	MAIT	MAIL
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resignation of

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TRANSMITTAL LETTER

SUBJECT: U.S. CUSTOM HOMES OF FLORIDA, INC. (Name of Corporation) DOCUMENT NUMBER: P01000106692 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: GEORGE G. PAPPAS (Name of Person) GEORGE G. PAPPAS, P.A. (Name of Firm/Company) 901 N. HERCULES AVE., SUITE D (Address)	
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: GEORGE G. PAPPAS (Name of Person) GEORGE G. PAPPAS, P.A. (Name of Firm/Company) 901 N. HERCULES AVE., SUITE D (Address)	
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(Name of Person) GEORGE G. PAPPAS, P.A. (Name of Firm/Company) 901 N. HERCULES AVE., SUITE D (Address)	
GEORGE G. PAPPAS, P.A. (Name of Firm/Company) 901 N. HERCULES AVE., SUITE D (Address)	
(Name of Firm/Company) 901 N. HERCULES AVE., SUITE D (Address)	. ,
901 N. HERCULES AVE., SUITE D (Address)	
(Address)	• *
	•
CLEARWATER, FL 33765	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
GEORGE G. PAPPAS at (727) 298-8880	
GEORGE G. PAPPAS at (727) 298-8880 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	'n
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 607.0502(2), 617.0502(2), 607.1509, or 617. GEORGE G. PAPPAS, P.A. Florida Statutes, the undersigned, (Name of Registered Agent) hereby resigns as Registered Agent for U.S. CUSTOM HOMES OF FLORIDA, INC. (Name of Corporation) P01000106692 (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: GEORGE G. PAPPAS (Typed or Printed Name) PRESIDENT, GEORGE G. PAPPAS, P.A.

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

(Capacity)