## P01000109268

| (Requ                      | uestor's Name) |             |
|----------------------------|----------------|-------------|
| (Addi                      | ess)           |             |
| (Addı                      | ress)          |             |
| (City/                     | State/Zip/Phon | e #)        |
| PICK-UP                    | ☐ WAIT         | MAIL        |
| (Busi                      | ness Entity Na | me)         |
| (Doc                       | ument Number   |             |
| Certified Copies           | Certificate    | s of Status |
| Special Instructions to Fi | ling Officer:  |             |
|                            |                |             |
|                            |                |             |
|                            |                |             |

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SECRETARY OF STATE

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## **COVER LETTER**

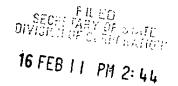
| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Down bwn Billards, Inc.  (Name of Corporation)  DOCUMENT NUMBER: PO1000109268                  |
|   |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.        |
| Please return all correspondence concerning this matter to the following:                               |
| (Name of Person)  |
| (Name of Firm/Company)  |
| 2107 FE 3N Ave. (Address)   |
|   |
| Ocala FL 3447/<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Melinda Mckay at (352) 619-7110 (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 corporati |

ion or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,                               |
|---|
| Florida Statutes, the undersigned, Holly S. Hayman  |
| hereby resigns as Registered Agent for Downtown Billiards /uc.  |
| (Name of Corporation)   |
| (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. |
| Loly Son  |
| (Signature of Resigning Agent)  |
| If signing on behalf of an entity:  |
|   |
| (Typed or Printed Name)   |
|   |
| (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