P01000117445

| (Re | equestor's Name) | |
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| (Ad | dress) | (c) |
| (Ad | dress) | * |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | ···· |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| | nent Section of Corporations |
|--|--|
| SUBJECT: P | ERMAGARD WINDOW PROTECTION, INC. |
| | (Name of Corporation) |
| DOCUMENT I | NUMBER: P01000117445 |
| The enclosed Re | esignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all | correspondence concerning this matter to the following: |
| Lawrence E. I | Blacke, Esq. |
| | (Name of Person) |
| Lawrence E. i | Blacke, P.A. |
| | (Name of Firm/Company) |
| 3326 N.E. 33 | rd Street |
| | (Address) |
| Ft. Lauderdale | e, FL 33308 |
| ······································ | (City/State and Zip Code) |
| For further infor | rmation concerning this matter, please call: |
| Lawrence E. E | at\ |
| (| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 617.1509, |
|---|
| Florida Statutes, the undersigned, Lawrence E. Blacke, Esq. (Name of Registered Agent) |
| hereby resigns as Registered Agent for Perma Gard Window Protection, Inc. (Name of Corporation) |
| P01000117445 |
| (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 E. Blacke, Esq. (Typed or Printed Name) 3326 N.E. 33rd Street Ft. Lauderdale, FL 33308 |
| (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