

PO2000047597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300021129413

07/17/03--01049--004 \*\*52.50

06/30/03--01042--014 \*\*35.00

*Resignation*  
*RA*

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 JUN 30 AM 11:08

RECEIVED

FILED  
03 JUN 30 AM 11:25  
TALLAHASSEE, FLORIDA

*AOR*  
*7/17/03*

*\*00678, 00672*

Charter Number Only

VALIDATION ONLY

10/27/03

Requestor's Name Moneque S. Walker  
Address 8260 W. Flagler Suite 1E  
City Miami, FL 33144  
State ZIP Phone (305) 480-7720

CORPORATION(S) NAME

The loose string inc.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger   |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other <i>Registration of Registered Agent</i> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent                               |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal                                   |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem  |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up                                       |
|  |  | <input type="checkbox"/> After 4:30   |
|  |  | <input type="checkbox"/> Mail Out   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE LOOSE STRING INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000047597

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:

MONEQUE WALKER, ESQ

(Name of Person)

MONEQUE S. WALKER, P.A.

(Name of Firm/Company)

8260 WEST FLAGLER STREET, SUITE 1E

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

MONEQUE WALKER, ESQ.

(Name of Person)

at ( 305 )

4807772

(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**

FILED  
03 JUN 30 AM 11:25  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MONEQUE S. WALKER

(Name of Registered Agent)

hereby resigns as Registered Agent for THE LOOSE STRING INC.

(Name of Corporation)

P02000047597

(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.

Moneque S. Walker  
(Signature of Resigning Agent)

If signing on behalf of an entity:

MONEQUE S. Walker  
(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