

PO2000065997

(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



900184962259

09/03/10--01008--031 **87.50

RA Design

FILED
10 SEP -3 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 07 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Peterman-Wall, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P020000 65997

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIKKI WALL
(Name of Person)

(Name of Firm/Company)

19701 Bexley Rd
(Address)

Land O' Lakes FL 34638
(City/State and Zip Code)

For further information concerning this matter, please call:

VIKKI WALL at (813) 927-1181
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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, VIKKI T. WALL

(Name of Registered Agent)

hereby resigns as Registered Agent for Peterman-Wall, Inc.

(Name of Corporation)

P02000065997

(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.

Vikki T. Wall

(Signature of Resigning Agent)

If signing on behalf of an entity:

VIKKI T. WALL

(Typed or Printed Name)

(Capacity)

FILED
10 SEP -3 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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**