## P02000069588

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

RA RES (a 9.14.07



600109210666

09/10/07--01055--004 \*\*87.50

07 SEP 10 PM 2: 52

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CAMPBELL ROOFING SHEET METAL OF FLORIDA, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P020000695896</u>
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:
TOSH CAMPBELL (Name of Person)
(Name of Firm/Company)
6340 ARC WAY (Address)
FORT MYERS, FL 33912 (City/State and Zip Code)
For further information concerning this matter, please call:
TOSH CAMPBELL at (239) 936-4672 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, KEVIN F. JURSINSKI (Name of Registered Agent)
hereby resigns as Registered Agent for <u>CAMPBEU ROOFING 3 SHEET METAL OF</u> (Name of Corporation)  FLORIDA, TM
POZOOO U9 588 (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:
(Typed or Printed Name)
(Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation SECRETARY OF CORP. STATIONS
DIVISION OF CORP. ON 2: 52

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314