## 02000072382

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CA. Resign

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**EXAMINER** 

## **COVER LETTER**

~ = 1 = 5 = 5	Division of Corporations  The Prince of Contract of Management 195.
SUBJE	CCT: Project Controls/Monagement, Inc. (Name of Corporation)
ocu	MENT NUMBER: P0200072383
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Hyw	(Name of Person)
Carll	Name of Firm/Company)
4221	W. Boy Scout Blud. (Address)
Tamp	City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Tonu	Borrero at (813) 229-4998 (Name of Person) (Area Code & Daytime Telephone Number)
-	(Name of Person) (Area Code & Daytime Telephone Number)

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 61	7.1509,
Florida Statutes, the undersigned, Carlton Fields Attorneys at Law	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Project Controls/Management, Inc.	
(Name of Corporation)	
P02000072383	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last ki	nown address.
The agency is terminated and the office discontinued on the 31st day after the dath this statement is filed.	te on which
(Signature of Resigning Agent)  If signing on behalf of an entity:	-
Hywel Leonard	
(Typed or Printed Name)	<del>-</del> ,
	S
Attorney	<b>10 H</b>
(Capacity)	AR 12 PH
Fee for filing this document:	SS PS
\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissol	96 36
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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation