P0200018899

(Requ	uestor's Name)	
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. (City/:	State/Zip/Phone	<i>≠</i>)
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Division of Corporations
SUBJECT: Hurricane Textiles, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P02000078899
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:
Brian Halpern (Name of Person) (Name of Firm/Company) 5030 Champion Blvd, suite 162 (Address) Boca Raton, Fl. 33196
(Name of Person)
(Name of Firm/Company)
5030 Champion Blvd, suite 162
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Brian Halpern at (561) 393-2861 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1506. Florida Statutes, the undersigned, Andrew C. Barnard		
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509		
Andrew C Bernard		
Florida Statutes, the undersigned, Andrew C. Barnard (Name of Registered Agent)		
hereby resigns as Registered Agent for Hurricane Textiles, Inc.		
(Name of Corporation)		
P02000078899		
(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. 2/15/05 (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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