· 202000082552

(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



800060568008

10/17/05--01040--008 **35.00

05 00 (17 MM 7: 48

significate out 21 2005

COVER LETTER

TO: Amendment Section			
Division of Corporations			
SUBJECT: VAML, Inc.			
(Name of Corporation)			
DOCUMENT NUMBER: P02000082552			
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for the	filing.		
Please return all correspondence concerning this matter to the following:			
Kevin F. Jursinski			
(Name of Person)			
Law Office of Kevin F. Jursinski, P.A.			
(Name of Firm/Company)			
7800 University Pointe Drive, Suite 200			
(Address)			
Fort Myers, Florida 33907	-~-4	_	
(City/State and Zip Code)	<i>> ∪</i>) 5 0	
For further information concerning this matter, please call:		05 0C (17 AM	7
Kevin F. Jursinski at (239) 337-1147	38F.	7	4 1 1 1
(Name of Person) (Area Code & Daytime Telephone Number)	<u>п</u> ,	ب	
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an activor \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation		ation	

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

CR2E046(08/05)

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 VAML, Inc.	
(Name of Corporation)	
P02000082552	
(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:	
Kevin F. Jursinski (Typed or Printed Name)	
(Typed of Timed Hame)	FILEO.
Registered Agent The	. 6
(Capacity)	<u>.</u>

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withdrawn corporation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