

P02000095330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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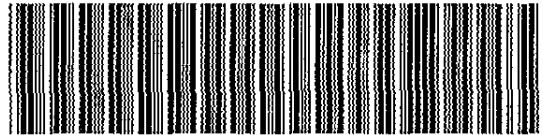
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
T. Lewis 12/18/02

2nd Filing
12/12/02

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smart Ventilation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000095330

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: ↓

MONA BARROW → MONA BARROW
(Name of Person)
~~Smart Ventilation, Inc.~~
(Name of Firm/Company)
~~3435 Enterprise Ave., #9~~
(Address)
~~Naples FL 34104~~
(City/State and Zip Code)
3491 Cartwright C
Bonita Springs, FL
34134

For further information concerning this matter, please call:

MONA BARROW at (239) 498-2319
(Name of Person) (Area Code & Daytime Telephone Number) 595-5163

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2nd Filing
Resignation as
Registered
Agent
12/18/02

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MONA BARROW
(Name of Registered Agent)

hereby resigns as Registered Agent for SMARTventilation, Inc.
(Name of Corporation)

P82000095330
(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.

Mona Barrow
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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02 DEC 18 PM 4:41
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