P02000098491

(Requestor's Name)
(Address)
(Address)
(Mudicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
į

Office Use Only



900021455499

07/15/03--01002--001 **157.50

ALLAHASSEE, FLORID

DAKES 7/2/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CAMINA RIGHT SERVICES, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P 020009849/</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:
TOM GODBURN (Name of Person)
(Name of Firm/Company)
1116 ASUGA COULT (Address)
TACKSONVILLE FL 32259 (City/State and Zip Code)
For further information concerning this matter, please call:
70M GUDBURN at (90f) 476-1039 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
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

FILED
03 JUL 15 AM 8: 17

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.4509 HASSEE, FLORIDA
Florida Statutes, the undersigned, THOMS & SHOKILL (Name of Registered Agent)
hereby resigns as Registered Agent for Change of Corporation) (Name of Corporation)
P D 2 0 0 0 0 9 8 4 9 1 (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.
X JL 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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