Pacco101051

| (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: |
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resignation of oppieur

02/23/09--01015--024 **35.00

2009 FEB 23 AM 8: 39
SECRETARY OF STATE

ADR 2/24/09

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| SUBJÉCT: Resignation of Reg | istered Agent |
| SUBULC 1 | (Name of Corporation) |
| DOCUMENT NUMBER: PO2 | 2000101051 |
| The enclosed Resignation of Regi | stered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence c | concerning this matter to the following: |
| Janet Wheeler | |
| (Name of Pe | rson) |
| • | |
| (Name of Firm/C | Company) |
| 804 65th Ave. W. | |
| (Address | |
| Bradenton, Florida 34207 | |
| (City/State and Z | Cip Code) |
| For further information concerning | g this matter, please call: |
| Janet Wheeler | at (941) 650 4446 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| | d El 11 B |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED

RESIGNATION OF REGISTERED AGENT 23 AM 8: 39

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

Florida Statutes, the undersigned, Janet Wheeler

(Name of Registered Agent)

hereby resigns as Registered Agent for New South Site, Inc.

(Name of Corporation)

PO2000101051

(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:

(Typed or Printed Name)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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