02000 11066 5

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
· ·		•
The state of the s	cument Number)	
(50	outhorit Humbery	
Cartified Conies	Cartificator	n af Status
Certified Copies	_ Cerunicales	s or Status
		
Special Instructions to	Filing Officer:	
		!
		ì

Office Use Only



500041773125

FILED

500, OCT 25 AM II: 57

**35/04-01025-001 **35/04-70 STATE

10/25/04-01025-001 **35/04-70 STATE

10/25/04-01025-001

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Little Pillow, Iwc. (Name of Corporation)	
DOCUMENT NUMBER: P202000110 665	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for file	ng
Please return all correspondence concerning this matter to the following:	
WOODWARD WARRICK (Name of Person)	
(Name of Firm/Company)	
2881 E OAKland Park Blud 208	
Fort LAUDERDALE FL 33306 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Warrick at (954) 567-2142 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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.
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
(Name of Registered Agent)
hereby resigns as Registered Agent for Little Pillow, Fuc. (Name of Corporation)
PO2000/10665 (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)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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