P02000112125

(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



200121066372

04/01/08--01003--017 **87.50



Horrigg Karing

COVER LETTER

SHRII	Division of Corporations ECT: Sebastopol International Inc.
осроі	(Name of Corporation)
DOCU	MENT NUMBER: P02000112125
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Olive	er J. Langstadt, Esq.
	(Name of Person)
Lang	stadt Pauly Chartered
	(Name of Firm/Company)
815 F	Ponce de Leon Blvd.
	(Address)
Cora	l Gables, FL 33134
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
Olive	r J. Langstadt, Esq. at (305) 648-3909 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, Oli	ver J. Langstadt, Esq.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Sebastopol International Inc.	
, , ,	(Name of Corporation)	,
P02000112125		
(Document Number, if known)	_	
A copy of this resignation was mailed to	o the above listed corporation at its last kno	own address.
this statement is filed.	discontinued on the 31st day after the date	on which
(*)	Typed or Printed Name)	型
	(Capacity)	PN 4: 0'

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withdrawn corporation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