P02000114314

(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



200140299932

01/12/09--01032--023 **87.50

O9 JAN 12 PM 1: 08
SECRELARY OF STATE
ALL AHASSEE, FLORIDA

or prop

COVER LETTER

	Amendment Section Division of Corporations	
SUBJEC	CT: Sweetie DJ, Inc	
	(Name of Corporation)	
DOCUN	MENT NUMBER: P02000114314	
The encl	losed Resignation of Registered Agent for a Corporation and fee are submitted for fi	ling.
Please re	eturn all correspondence concerning this matter to the following:	
Richar	rd E. Taylor	
	(Name of Person)	
Susan	L. Taylor, LLC	
	(Name of Firm/Company)	
3150 N	N. Wickham Rd., Ste. 3	
***************************************	(Address)	
Melbo	urne, FL 32935	
	(City/State and Zip Code)	
For furth	ner information concerning this matter, please call:	
Susan	L. Taylor at (321) 242-7547	
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

ruisuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, 61 61	7.150 9 ,
Florida Statutes, the undersigned, Richard E. Taylor	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Sweetie DJ, Inc	
(Name of Corporation)	······································
P02000114314	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kn. The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on which
(Signature of Resigning Agent) If signing on behalf of an entity:	JAN 12 PH 1: 08 JRELARY OF STATE LAHASSEE, FLORIDA
(Typed or Printed Name) (Capacity))A 60

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withdrawn corporation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