

P02000119271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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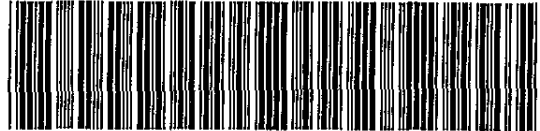
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

P02000119271  
23 5-30-03  
11:03 AM

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: King & Magaldi Services Inc.  
(Name of Corporation)

DOCUMENT NUMBER: PD2000 119271

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:

Julie Magaldi  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

116 N 13 Ave Apt #105  
(Address)

Hollywood, FL 33019  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Magaldi at (954) 383-7111  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

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

Florida Statutes, the undersigned, Julie Magaldi  
(Name of Registered Agent)

hereby resigns as Registered Agent for King E Magaldi Services, Inc  
(Name of Corporation)

P02000119271  
(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.

Julie Magaldi  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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