

P02000134027

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

SECRETARY OF STATE
ALABAMA DEPARTMENT OF REVENUE

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REGISTERED AGENT RESIGNATION S M RESTORATIONS, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$87.50

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REGISTERED AGENT RESIGNATION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

037235-0104
D. HARPER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S M Restorations, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000134027

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:

CHARLES V. HEDRICK

(Name of Person)

F & L CORP.

(Name of Firm/Company)

ONE INDEPENDENT DRIVE STE 1300

(Address)

JACKSONVILLE, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH JENKINS at (904) 633-8932

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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, F & L CORP.

(Name of Registered Agent)

hereby resigns as Registered Agent for S M Restorations, Inc.

(Name of Corporation)

P02000134027

(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.

Charles V. Hedrick

(Signature of Resigning Agent)

If signing on behalf of an entity:

CHARLES V. HEDRICK

(Typed or Printed Name)

AUTHORIZED SIGNATORY

(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

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TALLAHASSEE, FL 32314