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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DUVO ASSOCICHES Inc. (Name of Corporation)
DOCUMENT NUMBER: P0300014756
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:
Carl A. Duff T
(Name of Firm/Company)
7311 Sparkman St.
Tampa FL 331016 (City/State and Zip Code)
For further information concerning this matter, please call:
Cay Duffy at (813) 831-9470 (Name of Person) at (813) 831-9470 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

CR2E046(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $60/.0502(2)$, $61/.0502(2)$, $60/.1509$, or $61/.1$	509,		
Florida Statutes, the undersigned, (Name of Registered Agent)			
hereby resigns as Registered Agent for Duvo Associates,	Enc.	•	,
P030000147510 (Document Number, if known)		fir Neura	
A copy of this resignation was mailed to the above listed corporation at its last know	n address.		
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which	·	- -
(Signature of Resigning Agent)) } 	
If signing on behalf of an entity:	MAY-2 PH 3: AHASSEE, FLO) 	
(Typed or Printed Name)		- · · ·	

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)