P0300025105

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(Re	equestor's Name)	
(Ad	ldress)	
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V	,	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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OR VOIAUN

COVER LETTER

TO:	Amendment Section	
	Division of Corporations	
SUBJI	ECT: PATRIOT GENERAL CONTRACTING, INC.	
	(Name of Corporation)
DOCU	UMENT NUMBER: P03000025105	
The en	nclosed Resignation of Registered Agent for a Corporation	on and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the	following:
Willia	am G. Morris	
	(Name of Person)	,
Law	Offices of William G. Morris	
	(Name of Firm/Company)	
247	North Collier Blvd., Suite 202	
	(Address)	
Marc	co Island, FL 34145	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	•
Willia	am G. Morris, Esq. at (239)	642-6020
		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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, William G. Morris, Esq. (Name of Registered Agent)	
hereby resigns as Registered Agent for Patriot General Contracting, Inc. (Name of Corporation)	۰,
P03000025105	
(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 31/st day after the date on which	•
this statement is filed. (Signature of Resigning Agent) (Signature of Resigning Agent)	FILED
If signing on behalf of an entity:	•
(Typed or Printed Name)	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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