P03000052369

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	
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Alexian News 11-15-10

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Horgo Enterrises Two. (Name of Corporation)
DOCUMENT NUMBER: 603 0000 52369
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:
Philip HORVATh (Name of Person)
(Name of Firm/Company)
10530 Arrowtree Blud (Address)
ClernmT FL 34715 (City/State and Zip Code)
For further information concerning this matter, please call:
Philip HogyaTh at (352) 348-3808 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2010 NOV -9 P 12: 20

SECRETARY OF STATE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, FLGRIDA
Florida Statutes, the undersigned, Philip J. HozuaTh (Name of Registered Agent)
hereby resigns as Registered Agent for Horso Enterficies INC., Name of Corpolation)
P030000 52369
(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.
(Signatury of Resigning Agent)
(Signature of Resigning Agent)
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

State of Florida

County of Lake

The forgoing instrument was acknowledged before me this

The forgoing instrument was acknowledged before me this

day of November, 20 10 by hit p Horrant

who has produced H. Driver License as identification.

