

PD3000052747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

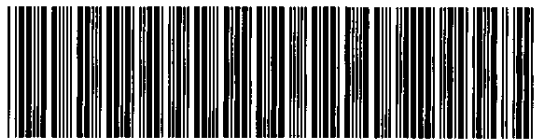
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600110453456

10/12/07--01040--003 **122.50

FILED
2007 OCT 12 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resignation

TB

10-17-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Walk On Wood Floors, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO3000052747

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:

Pamela Bell
(Name of Person)

Walk On Wood Floors, Inc
(Name of Firm/Company)

3001 Sweet Springs Valley
(Address)

Sweet Springs WV 24941
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Bell at (304) 772-3932
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2007 OCT 12 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Pamela Bell

(Name of Registered Agent)

hereby resigns as Registered Agent for Walk On Wood Floors, Inc.

(Name of Corporation)

PD 30000052747

(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.

Pamela Bell

(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